0669

5

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYPENE CERTIFICATE OF DEATH

	EASED NAME FIRST GEORGE				REG. NO		10	
3 SEX		e N	Peredith	AHALT	20 DATE OF DEATH	MONTH DAY YEAR	022	
4		RACE White		ATE OF BIRTH MONTH 29, 1919 YEAR	68	MONTHS DA		
	Male OUNTRY) Md.		WHAT COUNTRY? 8 MA	ARRIED A NEVER MARRIED DIVORCED DIVORCED	9 BALTIMORE CITY O			
Fi	rederick	II. NAME OF	HOSPITAL, NURSING HO CHEACILITY, GIVE STREET ADDRESS CK Memorial	Hospital	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Farmer	WORKING LIFE) INDUST	of Busines Ry ming	
13a ST	RESIDENCE (IF NURSING HOME OR TATE Md. Fred.	OTHER INSTITUTION TY	FEEDER ADMISS	YES MO O	13. STREET ADDRESS /	n St. 2170	1	
14 FAT	THER'S NAME Maurice Fos	ter A	shalt LAST	15. MOTHER'S MAIDEN N Sä'rah	^{AME} Virginia ^{MIDDLE} S	hank	LAST	
160 W.	(AS DECEASED EVER IN U.S. ARA	MED FORCES? WAR OR DATES	166 SOCIAL SECURITY N 220-34-0974		ADDRE Freder	ick, Md.		
	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	y one couse pe	r line for (a), (b), and (c)			APP BETWE	POXIMATE INTERVENIONSET AND D	
S S	PART 2 OTHER SIGNIFICANT C			BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIVEN IN PART To 200. AUTOPSY? 200. IF YES, WERE FINDING			
TIFIC	A TOP DO	1118			YES NO	IN CERTIFYING CAUSES OF		
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	IN .	DF INJURY M. MONTH DAY Y M.		RRED (ENTER NATURE OF INJUR	RY IN ITEM TO PART TORPART	2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY IREET, FACTORY, OFFICE, FARM, ET	211 LOCATION STREET	CITY OR TO	wn COUNTY	51.	
	270 I certify that (I) (this hospit spw the deceased olive above (1) we) (did) (did no			2, and that (Day) (our) opinio	n death occurred on the do	ate and hour and from	the couses state	
	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (Type Of PRINT) Dr. P. gregory Rausch DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSIC							
	Dr. P. gre	gory Ra	auscii		CCLICILY II.			

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR

BP

	ECEASED NAME FIRST OSCARD	LESLIE	A ALBA	UEHL	20 DATE OF DEATH M	915/87 85	7 18 25 PM
3. SE	MAKE	A RACE WHITE	5. DATE OF BI	RTH 18/18 YEAR	6 AGE (IN YEARS LAST BIRTH	YRS MONTHS DAY	
70 B	SIRTHPLACE (STATE OR FOREIGN COMMARYLAND	U.S.A.	WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR FREDERICK		MD.
4	FREDERICK	FREDERICK SME	MORTAL HO		128 USUAL OCCUPATIO		Y. SCHOOL
5 139	JAL RESIDENCE (IF NURSING HOME OR 136 FRE	DERICK 13c UNION	BRIDGE 13d		130 175E3000REW	WINDSOR RD	21791
14 F	LESLIE ALBAUG	LIPDLE LAST	15	CORA HAH	WIDDLE		AST
	WAS DECEASED EVER IN U.S. ARI	ME OR DATES) 166 SOCIAL SE 216–1		MARIE S. AL	BAUGH ADDRES	5130 NEW W	INDSOR RD.
Hygiene prior to buriol, cremotion, 18 shows pay injury, or other froume	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO. 19a. DATE OF OPERATION	DUE TO, OR AS A CONSE	QUENCE OF			TION GIVEN IN PART 206. IF YES, WERE FINE IN CERTIFYING CAUSI YES	DINGS USED
d or Item 18 she	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	TH HOUR A.M. MONTH	DAY YEAR 19	f. LOCATION	ED (ENTER NATURE OF INJURY		STATE
	WHILE AT WORK NOT WHILE AT WORK AT WORK 22a. I certify that (I) (this haspi saw the deceased alive an abave, (I) (we) (did) (did no 22b. SIGNATURE)	1		GREE ATTENDING	, to	e and have and from the	that (I) (we) lost the causes stated TE SIGNED
MPORTANT	224. PHYSICIAN'S ME	illmore		FREDERICK N	FREDE MEMORIAL HOS	RICK, MD 2	1701
230.	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE 9-19-87 09/18/87	CHAPEL (ETERY OR CREMATORY CEMETERY	23d LOCATION CITY NRWN L.	IBERTY#OWN	FRED MD

24 FUNERAL DIRECTOR HARTZLER

Item 23b, Film G632 10-16-87

per funeral Home

BP_

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAPHYGIENE

CERTIFICATE OF DEATH

ate and hour and from the causes stated IAN ERICK, MD 21701 SPITAL FRED MD "NR" LIBERTYFOWN CHAPEL CEMETERY 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE ALEBERTYTOWN, MD lia Dividson Randall

REG. NO

Course to the same

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE CERTIFICATE OF DEATH

		*						REG. INC		1		
		CEASED NAME FIRST		AIDDLE	LA	AST	20	DATE OF DEATH	MONTH D	DAY YEAR	26 HOL	R
	(III)	ARMIE	DA	Hedborg	An	DERSON		SEPTEMBE	e 7.	1987	6:0	5 M
	3. SEX		4. RACE		5. DATE O			AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER	24 HRS
	FE	MALE	WHITE		01	07 1899		88	YRS	MONTHS DAYS	HOUR5	MIN.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9	BALTIMORE CITY OF	COUNTY	OF DEATH		
		OUNTRY) NLAND	USA		WIDOWE			FREDERICK				MD
7	10 CI	TY OR TOWN OF DEATH	11. NAME OF		G HOME O	ROTHER INSTITUTION	V 12	USUAL OCCUPATIO	N	126 KIND C	F BUSINI	SSOR
1	ER	EDERICK		MPTON MAN		RSING HOME	,	SECRETARY	WORKING LIFE	NEWSF	PAPER	
1		TATE US OUN COUNTAINE OR		GIVE RESIDENCE BEFORE		130 INSIDE CITY LIMIT	TS? 13	e.STREET ADDRESS /	ZIP CODE			
1	MD		E GEOR.	FT.WASHI	NGTON			9409 Dashi	a Dr.	, 20744	+	
	MFA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN	NNAME	WIDOLE		LAS	ST.	
1	AN	DERS		HEDBORG		BRIGET'	'TA			RASAN	IEN	
>		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMANT	7.	ADDRES	55		MD	
-	NO			341-14-0	475	Betty Gil	bson	9409 Das	nia D			
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per	line for to), (b), and	licii					BETWEEN	MATE INTE	DEATH
			E CAUSE (0)	PNEUMO	ria							
			DUE TO O	R AS A CONSEQUE	NCE OF							
		Conditions, if ony, which	(b)	PROBA		ASPIRA	TION			40		
		gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF										
		underlying couse lost. (c) ALZHEIMERS DISFASE										
		PART 2 OTHER SIGNIFICANT (CONDITIONS CO				TERMINA	AL DISEASE OR CONE	ITION GIVI	EN IN PART 1	0	
	NO NO											
1	CAT	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED		200 AUTOPSY?		, WERE FINDITY		
L	CERTIFICATION							YES NO NO	YES		NO [_
-	E E	210. ACCIDENT WAS UNDERLYING	110110 1	FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OC	CCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18 PA	ART 1 OR PART 2)		
1	AL	OR CONTRIBUTING CAUSE OF DEA	ATTEN TO THE PERSON NAMED IN COLUMN		19							
	MEDICAL	21d. INJURY OCCURRED	21e PLACE			211 LOCATION		CITY OR TOV	vN	COUNTY		TATE
	2	WHILE NOT WHILE	(AT HOME, ST	REET FACTORY OFFICE, FA	ARM ETC.]	SINECT		1				
		220 I certify that (I) (this beapt	tol) ottended th	e deceased from_	7/	22/ 19 8	86	, to 9	7	19 57	that (I) ((E) lost
		sow the deceased alive an above, (1) (we) (did) (did no	9/	19_1	27_, on	d that in (my) (out op	inion dea	th occurred on the do	te and hour	r and from the	couses st	oted
		226. SIGNATURE	/ /	offer death.	(DEGREE				22t DATE	SIGNED	
		(5000)	() A	11	L	ATTENDIN	NG M	MEDICAL STAF	F	9/	7/	07
1		220 PHYSICIAN'S NAME (TYPE C	OR PRINT)	4	177	22e ADDRESS	All	TINEETON THISTE	AIT L	1	11	
		CEODCE T CM	יד עידים	D		90% Tol	7 hours	ao Arro E	nodon	io), MI		
	230 B	GEORGE I. SM		R.	AME OF C	EMETERY OR CREMATO		se Ave., F	reder	ick, MI	,	
	1	SPECIFY) RIAL						CITY OR TOWN	Eme	COUNTY		TATE
			9/10/		ку п1	11 Cemeter	y PART	Woodsboro		derick	MD	
		NAME G. D		STAUFFER	MD 2	1701	SEF	9 1987		Cargos -		4
	TO.	21 Opossumtown	rike, r	rederick,	MD Z	I/UI						

067:1

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGINE

264

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	o. is		6
	EASED NAME FIRST		MIDDLE	l	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
PU 0	Trini) Luella	2	MAE		BAER	Sept. 24	1,19	787	7:15 PM
3. SEX		4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIR	HDAY	MONTHS DAYS	
F	emale	White	е	May		65	YRS.		J. J
	THPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
	Maryland		USA	WIDOWE	_	Frederic	Cou	nty.	MD
10. CIT	Y OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATI			OF BUSINESS OR
F	rederick	Frede			Hospital	Housewif			emaker
	L RESIDENCE (IF NURSING HOME C	R OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)		13e STREET ADDRESS		-	
		derick	Brunswi		138 INSIDE CITY LIMITS?	325 Walnu			21716
	HER'S NAME			OIL	15. MOTHER'S MAIDEN NA	ME			
	Everett	F.	Norr	is	LUCV	WIDDLE			nner
	AS DECEASED EVER IN U.S. A		166. SOCIAL SECU		17. INFORMANT	ADDRI	^{SS} 325	Walnut	St.
(A.E.	S, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	212-50-8	632	Virginia Hag				
	18 CAUSE OF DEATH (Enter o	alu nas cnus no			TIT GITTE TAG	<u> </u>			XIMATE INTERVAL NONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, O	r as a consequ	ENCE OF					
	PART 2 OTHER SIGNIFICANT		ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GI	IVEN IN PART	lio
ATIC	90 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	IN WAS PERFORMED	200 AUTOPSY?	20b. IF YE	S, WERE FIND	INGS USED
띮						YES NOW		IFYING CAUSE 'ES	S OF DEATH?
0	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HIAS	DE INJURY M. MONTH D M.	AY YEAR	21c. HOW INJURY OCCURE				
MEDICAL	21d. INJURY OCCURRED		OF INJURY	616.1	21f LOCATION	CITY OR TO	WN	COUNTY	STATE
	WHILE NOT WHILE AT WORK	TAT HOME, ST	REEL, FACTORY OFFICE, I	ARM EIC)	C/-				
	22a.1 certify that (1) (this has sow the deceased alive a above, (Hr (we) (did) (did n	9-3	19	82.	nd that in (my) (our) opinion	death occurred on the d	ote and ho	, 19 //	, that (I) (we) last ne couses stated
	226. SIGNATURE	2	. 0	9.4	DEGREE			22c. DAT	E SIGNED
	Circun /	7. 100	entr.	7	ATTENDING PHYSICIAN	MEDICAL STA	IAN 🗌	2/	25/27
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS	1	7		4
	AMTHER G.	MANA	20,1.0.		182 LAN	Johnson Dy.	Tre.	bush 1	n1.2170/

DHMH - 16 60M 7/84

(VRA 15, 4)

IMPORTANT: If Hem 21 is

23b DATE 230. BURIAL, CREMATION, REMOVAL (SPECIFY) 9/27/87 Burial

231 NAME OF CEMETERY OR CREMATORY

Brownsville, Washington, MD

24 FUNERAL DIRECTOR

FOR

FUNERAL DIRECTOR
Robert L. Spencer - Harpers Ferry, WV 25425

Brownsville Hgts. Cem. Brownsv Brownsv Brownsv Brownsv Brownsv 25a DATE REC'D. BY REGISTRAN BEP 2 9 1987

SEP 2 9 1987 July 25 Lang 1 July 25 Lang 2

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAPHYGIENE CERTIFICATE OF DEATH

26

CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 26 HOUR I. DECEASED NAME (TYPE OR PRINT) Billie Jeanne Baller XXXXXXXXXXXXXXX 9/14/87 10:55 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR 3 SEX 16 PAY 1940 FEMALE WHITE To BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY FREDERICK DIVORCED X W. VA WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) EMPLOYMENT COUNSELOR FREDERICK MEMORIAL HOSPITAL FREDERICK SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13. STREET ADDRESS / ZIP CODE 5823 Whitfield Court, 21701 FREDERICK FREDERICK YES X NO F MD 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST PRUDENCE YOST ALBERTA MILLER WILLIAM **EDMUND** ADDRESSFrederick, MD 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 5823 Whitfield Ct., Debra L. Mercer 219-36-2886 NO 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. 4F YES, WERE FINDINGS USED 19n DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? arrusua NODE 21c. HOW INJURY OCCURRED 21n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) (P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION LAT HOME STREET, FACTORY, OFFICE PARM COUNTY STATE AT WORK NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased fram saw the deceased all and that in (my) (gr) apinian death accurred an the date and haur and from the causes stated abave, (1) (40) (41) (51) nat) view the bady after death 22h, SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYSICIAN PIRECTOR PHYSICIAN 226 ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Frederick Frederick 9/15/87 Resthaven Mem. Gardens CREMATION 24 FUNERAL DIRECTORG. DOUGLAS STAUFFER BY REGISTRAR 256 REGISTRAR'S SIGNATURE

1621 Opossumtown Pike, Frederick, MD 21701

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

26454

	REGISTRAR		CERTIFICATE OF DEATH	REG. N	10.24	200			
	CEASED NAME CHAPLE	HANES Tranklin	ELL BELL	20. DATE OF DEATH	PA 10	8 2b	HOUR M		
	Male	White	5. DATE OF BIRTH MONTH April 20, 1907	6. AGE (IN YEARS LAST BII	YRS.		UNDER 24 MRS. DURS MIN.		
	SIRTHPLACE (STATE OR FOREIGN COUNTRY) and	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED		Frederick County,				
	Frederick	Meridian Nursin	ng Center	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST (City Poli	DE WORKING LIFET	NOUSTRY CI T			
13q		ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY rederick Frede 1	rick 134 INSIDE CITY LIMITS	ZUL Wash	ington S	Depar St., 21	rtment 701		
14. F	ATHER'S NAME Frank	MIDDLE BEIL	15. MOTHER'S MAIDEN Carrie	NAME		Spurr	ier		
160	WAS DECEASED EVER IN U.S. AF	rmed forces? 16b SOCIAL SECU 214-10-20	069 Mrs. Evelyn	W. Bell, Fre	Washing derick.	ton St:	reet 701		
	PART I. DEATH WAS CAUSI	nly ane cause per line far (a), (b), and				BETWEEN ONSE	E INTERVAL ET AND DEATH		
NO NO		DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E	ENCE OF DEATH BUT NOT RELATED TO THE TE	ERMINAL DISEASE OR CON	IDITION GIVEN	IN PART Tra			
THEATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYING	ERE FINDINGS G CAUSES OF	SUSED DEATH?		
MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d IN JURY OCCURRED		AY YEAR 19 211 LOCATION	URRED (ENTER NATURE OF INJU					
ME	NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TO	40.30	COUNTY	STATE		
	A .	ital) attended the deceased fram_ n19 at) view the body after death.	, and that in (my) (aur) apini			d fram the cau	, , ,		
	22b. SIGNATURE			MEDICAL STA	FF CIAN 🗌	OS-1	O-P		
	TULIO M	ORPRINT)	SIO TR	Ail AUE -	meng	nick, t	תה שות		
230.	BURIAL, CREMATION, REMOVAL	[23b. DATE [23c. N	NAME OF CEMETERY OR CREMATOR Mt. Olivet Cemet	23d LOCATION CITY OF TOWN	ck. Fred	leri ek	Marie 1		

Smiling Reeney and Basford Juneral Home 106 East Church Street, Frederick, Md. 21701

DHMH - 16 50M 4/B2 (VRA 15, 4)

WELL TO STATE OF THE STATE OF T	JÜH	ns h Colores		
01	13 :0, 1907	17. 032	nW.	o.E.o.
rederich ount,	L	.2.0.0		banda e
Mtr olice Ifficer C.W. Po	roj (ion wreing On	bire.	No brahari
Zil koniineton it., 21701	۵۵	ofety and	e inchorat	har Ly to k
tolering	Ji.In	.T.lo)[rears]
Zil kashineton Chres. . Bell, Prederick, vd. (1701	o thicas 'sa;	. 6000=01=168	old () "	No
				Sec.
With Assert Could be A				

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irector page 3

death Page 4 may be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

, U

C

		* .								KEG. INC	J.			
		CEASED NAME FO	IRST		NIDDLE		LAST		20. DATE OF	DEATH	MONTH DA	Y YEAR	26 HOU	R
		J	ames	C	orneli	ius	Bell		SEPTE	M9 E	2 151	1987	80	8 M
	3 SEX	(4 R	ACE		5 DATE C			6 AGE (THYE	ARS LAST BIRT		UNDER I YEAR	IF UNDER	24 HRS
		Male	Ta Va	hite		I'	27	1888	99		YRS	NIHS DAYS	HOURS	MIN.
1		RTHPLACE (STATE OF FORE	IGN 76. C		VHAT COUNT	RY? 8	- 🗆 NEVER		9 BALTIMO	E CITY O	R COUNTY O	FDEATH		
		Maryland		U.S.		WIDOWE		VORCED [eric				MD.
1		TY OR TOWN OF DEATH				RSING HOME (_	ITUTION	12a USUAL C		ON F WORKING LIFE)	126 KIND O		SS OR
2	r	rederick	M€	ridia	an Nur	sing	Center		Farm	er		Farmi	ng	
	USUA 13a S	AL RESIDENCE (IF NURSING	FCOUNTY Frede	rinstitution	GIVE RESIDENCE B	EFORE ADMISSIONS OWN Brids	13d. INSIDE C	ITY LIMITS?	13253	DDRESS /	ZIR CODE Wind	21791 sor R	?d.	
-	14 FA	THER'S NAME					1.20	MAIDEN NAM						
	11.10	Charles	MIDD	LE	Be	e11		ouise		WIDDLE		(unkin	lown)
1		VAS DECEASED EVER IN I	U.S. ARMED			ECURITY NO.	17 INFORMA				sUnion			
-	1	(III) OR UNKNOWN)	F TES, GIVE WA	R OR DATES!	216-4	6-066	Osca	r Alba	ugh	1513	0 New	Wind	sor	Rd.
J	red.	18 CAUSE OF DEATH	Inter only or	ne couse per	line for 101, (b	, and (c).)						APPROXU BETWEEN C	MATE INTER	VAL
	1000	PART I. DEATH WAS	CAUSED BY	1		ARRE	55						7 6	
	-	1/1/	MEDIATEC		AS A CONSE	OHENCE OF								
		Conditions, if any, wl	hich (DUE TO, ON	HROLL	C CONG	GITING	HEAR	T FAIL	urg		100		
		gove rise to immedicouse (a), stating	iote		AS A CONSE									
			lost	DUE 10, ON		LIO SCLG	notic 1	SCART	DISEA	56				
		PART 2 OTHER SIGNIFI	CANT CON	DITIONS CO							DITION GIVEN	V IN PART 110	3	
	20													
7	CAT	190 DATE OF OPERATION	N	196 CONDI	TION FOR WE	HICH OPERATIO	N WAS PERFC	RMED	200 AUTO	PSY?		WERE FINDIN		
	TIFIC								YES	NO	YES	NG CAUSES	NO [
7	CERTIFICATION	210. ACCIDENT WAS UNDERLY	YING	216. TIME O			21c. HOW IN	JURY OCCURR	ED (ENTERNAT	URE OF INJUR	TY IN ITEM 18 PAR	T T OR PART 2)		
		OR CONTRIBUTING CAUS		HOUR A.		DAY YEAR								
	MEDICAL	21d. INJURY OCCURRED		21e. PLACE C		17	211. LOCATIO	ON						STATE
	ME	WHILE NOT WHILE		(AT HOME STR	EET, FACTORY OF	FICE, FARM, ETC.)	STREET			CITY OR TO	WN	COUNTY	5	TATE
		22a I certify that (I) (the		ettended the	deceased fro	m NAV	1 13	10 86	to 3	EPT	15- 19	89	that we (we) lost
		sow the deceased of above, (1) (we) (did)	olive on SE	PT 14	Ē.	00		(pm) opinion d	eath occurred	d on the do	ate and hour o		couses st	oted
		226. SIGNATURE .			1		DEGREE					22c. DATE	SIGNED	
		- Gelin 7	t, me	adm	3-	,l	10	PHYSICIAN A	MEDICAL DIRECTOR	STAF PHYSIC	IAN 🗌	Sept	15,19	87
		224 PHYSICIAN'S NAME	E (TYPE OR PRI	VI)			22e ADDRES	S						
		GKCIN F. 1		ORSi.	TR MO)	810 T	LL HOU.	TE AVE	-1 FA	REDER	cck. M	0 2	1701
	23a. B	BURIAL, CREMATION, REA	MOVAL 2	36. DATE		23c. NAME OF C	EMETERY OR	CREMATORY	23d. LOCA	TION		COUNTY		STATE
		Burial		9-18-	-87	Lingar	nore C		Unic	nvi		reder		
		NERAL DIRECTOR	-		T general			SEP CO ALL	RECHO BY	GISTRAR	256 REGISTR	P. S. SIGNAT	IDE AL	A
		D.D. Hart:	zler		New Wi	Indsor	, Md	SEL	4 1 13	91				-

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely should be detached for use as the buriol-transit permit. Then please remove carbanpapers. Pages Pand 2 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remained.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

I is marked or them 11 is marked or them 18 shows any injury, or other troumatic eve

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE

	-87	EGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0	a de la companya de l	
		CEASED NAME FIRST CLAR		MIDDLE	BE	NNETT	20. DATE OF DEATH	9 20	_	6:SS PM
	3. SE X	(4 RACE		5. DATE		6 AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	
		Male	Whit	e	A13.0	30, 1906	81	YRS	ONIHS DATS	HOURS MIN.
)	70 BIF	RTHPLACE I STATE OR FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY C		OF DEATH	
7		New York	USA		MARRIE	D T NEVER MARRIED	Frederic	ale Cour	+++	
		TY OR TOWN OF DEATH			WIDOW!	DR OTHER INSTITUTION	120 USUAL OCCUPAT		_	OF BUSINESS OR
	म्	rederick	Homewo	od Retire	address)		Aeronautic		INDUSTRY	
1	130 S	AL RESIDENCE IN NURSING HOME OR TATE 136 COUNTY Freder	YTY	134 CITY OR TOW New Mark	N	13d INSIDE CITY LIMITS? YES 🛣 NO 🗌	13. STREET ADDRESS		21774	
	14. FA	THER'S NAME				15. MOTHER'S MAIDEN NA				
		G. Fran		Bennett		Bessie	MIDDLE		chfor	d
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRI			
	, i	No		080-03-7	7378	Louise Mons	sell Bennett	,	Item .	13
		Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, O	R AS A CONSTOU	ENCE OF	Parkinson:	5 Direm	e.		
	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CON	DITION GIVE	N IN PART 1	l a
2	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?			OINGS USED ES OF DEATH?
7		210. ACCIDENT WAS UNDERLYING COCONTRIBUTING CAUSE OF DEL	HOUR A	DE INJURY .M. MONTH D.	AY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJU	RY IN ITEM TO PAI	RT I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED		OF INJURY		211. LOCATION STREET	CITY OF TO	OWN	COUNTY	STATE
,	¥	AT WORK NOT WHILE AT WORK	TAT HOME ST	REET FACTORY, OFFICE, F			013	-0	22	
7		270.1 certify that (I) (1) sow the deceased alive an abave, (I) (1) (did no	9/2	19_	17.°	nd that in (my) (opinian	death accurred on the d	ate and haur		that (I) pre last the causes stated
/		22b. SIGNATURE	Lyn	1	ליוש		MEDICAL STA	FF CIAN [(9)	29/87
		228 PHYSICIAN'S NAME (TYPE O	Gris	M moz	.7.	TANK TANK	EY AVE	217	101	04
	23o B	SURIAL, CREMATION, REMOVAL	23b. DATE		NAME OF	EMETERY OR CREMATORY	CITY OR TOWN		COUNTY	STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate his should be detached for use as the buriol-tronsit paying the State Dept. of Health and Mental Hygies

IMPORTANT: If Hem?

TO HOSPITAL OR ATTENDING PHYSICIAN: The

Burial Oct. 2,1987 74 FUNERAL DIRECTOR ... Molesworth, P.A., Do Damascus, Md.

New Market

New Market,

250 DATE REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE OF 1987

Wares and the Superior 10 to AVERNO SECTION OF SECT a Smith Committee Continue of the Contract Contr ANTES .of mind Por the Marine to a second to the first State Same The wall of the server is the light of the l 15 15 15 15 NOW TO SEE AND THE All the finite of the first of

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 26 HOUR 12b. KIND OF BUSINESS OR MIDDLE APPROXIMATE INTERV. 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON CITY OF TOWN COUNTY 22c DATE SIGNED STAFF

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

-Q RESISTRAR DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) largaret 1. RACE 3. SEX AGE TIN YEARS LAST BIRTHDAY 32 To. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Linor3 DIVORCED A 13d INSIDE CITY LIMITS? Willowbrook 15 MOTHER'S MAIDEN NAME FIRST 001 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b PART I. DEATH WAS CAUSED BY Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) AT WORK NOT WHILE 22a.1 certify that (!) (this haspital) attended the deceased from and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated 22b. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 21701 23a BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE CITY OF TOWN STATE 9/21/87 DuPage BURIAL Wheaton Cemetery Wheaton IL

21701

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

G. DOUGLAS STAUFFER

1621 Opossumtown Pike, Frederick, MD

75 0-120 0000000

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Frank Carl Thursday

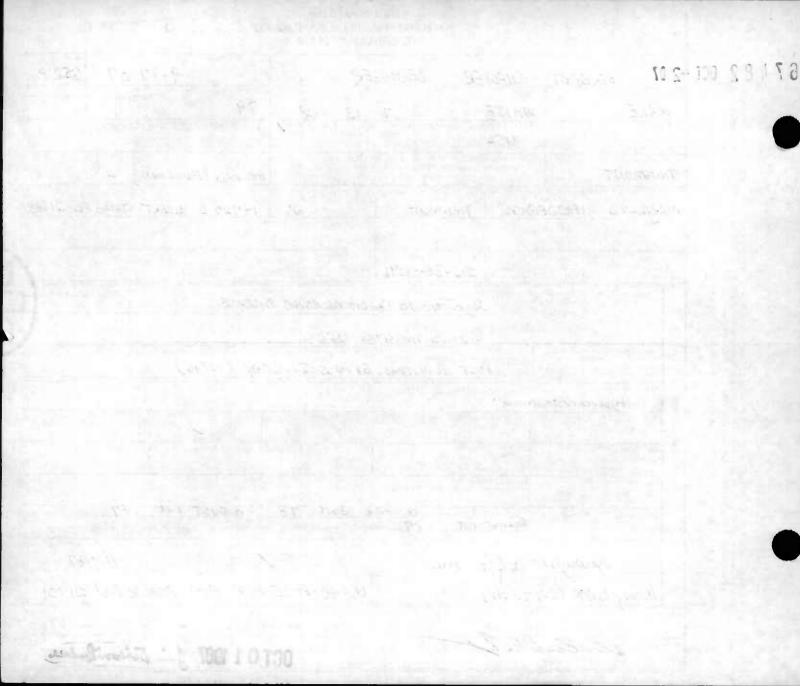
	STATE OF MARYLAN
R	DEPARTMENT OF HEALTH AND M

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HOGGIENS
CERTIFICATE OF DEATH

	1-	STATE REGISTRAR		DEPARIM		ICATE OF DEATH		. NO. 3		*
		CEASED NAME FIRST	M	DDIE	L	AST	20. DATE OF DEAT		DAY YEAR	2b HOUR
	-27	BT HERBERT	CHEST	FR BL	3RWAC	ER		9-1	7 87	652 P M
	3. SE)	X	4 RACE		5. DATE C		6. AGE (IN YEARS LA	T BIRTHDAY]	MONTHS DAYS	IF UNDER 24 HRS
	1	MALE	WHITE		7	13 08	79	YRS		Alla.
3		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
		RICHMOND	USA		WIDOWE		FREDERIC	K COUN	TY	MD.
)		TY OR TOWN OF DEATH		FACILITY, GIVE STREET A	DDRESS)	B BD. /21788	120 USUAL OCCUI (TYPE OF WORK FOR MI RETIEED S	ST OF WORKING	HEE INDUSTRY	OF BUSINESS OR
7	13a. S		OTHER INSTITUTION C	136. CITY OR TOWN	ADMISSION)	13d INSIDE CITY LIMITS? YES NO 1		SS / ZIP COL	E STOUB	RD. 21788
7	14 FA	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	AE MIDD	.E	LA	ST.
1		RANKLIN ALBEI		ERWAGER		JULIE	M.	Darre	TUR	NER
	YE	VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES GIV WW I	MED FORCES? E WAR OR DATES! KOREA	215-38-	9391	LEONARD BERWA		WILDER COBUS,	SON DR. PA. 17	407
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Supportensive Cardiovascular DISEASE. DUE TO, OR AS A CONSEQUENCE OF Dialets Mellitus. NIDD. Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF DIALETS TURGERY (10/86)								
H	NOI	PART 2. OTHER SIGNIFICANT OF		ntributing to D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR C	ONDITION G	IVEN IN PART 1	0
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH (OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDI IFYING CAUSES YES []	
-		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	.111	MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		ET, FACTORY, OFFICE FA		211 LOCATION STREET		OR TOWN	COUNTY	STATE
		22a. I certify that (1) (this hospi sow the deceased alive an above, (1) (we) (did) (did no	HUGUST	101 198		e. 3011, 19 78 and that in (my) (our) opinion of	to AUGUS deoth occurred on t		, 19 <u>87</u> , out and from the	that (I) (we) last couses stated
		226. SIGNATURE Veuryb 22d PHYSICIAN'S NAME (TYPE OF	. 1	aul a		DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN [9/17	SIGNED
/		HENRY LMC COL	•			USAMC FT DE		EDERIC	ck md	21701
		BURIAL, CRÉMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE 9/22/8			EMETERY OR CREMATORY EN MEM. GARDEN		CK F	COUNTY REDERIC	
		BERT E. DAILEY	S SON. P.			MAIN ST. 250. DATE	TO 1 1987	1 / 0.	STRAR'S SIGNA	

DHMH - 16 60M 7/84 (VRA 15, 4)

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DHMH - 16 60M 7/84 (VRA 15, 4)

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH

6

1	REGISTRAR				CERTIFIC	CAILOI		REG	, NO.83		
	EASED NAME	FIRST	WIC	DIE	LAS	1		20 DATE OF DEAT	HINOM H	DAY YEAR	26 HOUR
(1100)	OR PRINT)	Maynar	d Fine	ene	Bowe	ens		June 9	,1986		2:15a
3. SEX			4. RACE		5. DATE OF			6. AGE (IN YEARS LAS		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male		Black		MONTH 9	9 DAY	1925	60	YRS.	NOMINS DATS	HOURS MIN
	OUNTRY)	OR FOREIGN	b. CITIZEN OF W	HAT COUNTRY?	8.	NEVED	MARRIED -	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH	
	Maryl	and	USA		WIDOWED		VORCED	Fre	derick		
	ry or town of the Frederic	2	Freder	ick Memo	rial F			12a USUAL OCCUP (TYPE OF WORK FOR MC Janito		126 KIND C INDUSTRY Educa	etion
USUA 13a S	NESIDENCE (IF NOTATE Maryland	136 COUN Fr	other institution G TY ederick	ve residence before 3c. CITY OR TOWN Freder	rick	YES 🔼	NO [13e.SIREET ADDRE 50 Linc	ss / zip cope oIn Apt	. 21701	
14 FA	THER'S NAME Charle	3	AIDDLE	Bowens		F	s maiden na oberta	MIDDI		Week	ion
16a W	AS DECEASED EV	ER IN U.S. ARA		66 SOCIAL SECU		17 INFORM			DRESS		
	Yes	W	WAR OR DATES)	220-16-	-3966	Addie	Bowens	58 Linco	In Apt.		MATE INTERVAL
CERTIFICATION	He	IGNIFICANT C	ONDITIONS CON	· Pa	DEATH BUT N	N C	men	AINAL DISEASE OR C	20b. IF YES	, WERE FINDI	NGS USED
RTIFIC	196 DATE OF OPERATION 196 CONDITION FOR WH							YES NO	YE	YING CAUSES	NO [
MEDICAL CE	21a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER NOTIFY A	CAUSE OF DEA	P.M	. MONTH DA	19			RED (ENTER NATURE OF	INJURY IN ITEM 18 P	ART 1 OR PART 2)	
MED	21d INJURY OCC	WHILE WORK	21e PLACE O	F INJURY T. FACTORY, OFFICE, F		21f LOCAT	Τ	CITY	DR TOWN	COUNTY	STATE
	22a certify that (1) (this hospital) attended the deceased from 19 84, to 6 - 7, that (1) (we) las										
				-	01						
	saw the dece above, (I) (we	eosed alive an.		1919) (aur) apinion	death accurred on th		r and from the	couses stated
	saw the dece	eosed alive an.	6-	19 Iter death.		EGREE	ATTENDING	MEDICAL	e date and hou		couses stated
	saw the dece above, (I) (we	eased alive and	t) view the body o	19		EGREE	ATTENDING PHYSICIAN [MEDICAL	STAFF YSICIAN	r and from the	couses stated SIGNED
	saw the decidove, (1) (with the control of the cont	NAME (TYPE O	t) view the body o	er death.	D	22e ADDRE	ATTENDING PHYSICIAN [MEDICAL	STAFF YSICIAN	22c. DATE	couses stated SIGNED
(:	saw the decipove, (I) (with a specific property) and the deciposition of the specific property o	NAME (TYPE O	I view the body of	23c. N	D	22e ADDRE	ATTENDING PHYSICIAN [SS CREMATORY 1250 DA	MEDICAL DIRECTOR PH	STAFF YSICIAN	county Freder	couses stated SIGNED STATE STATE MD

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injury, or other troumotic event, th

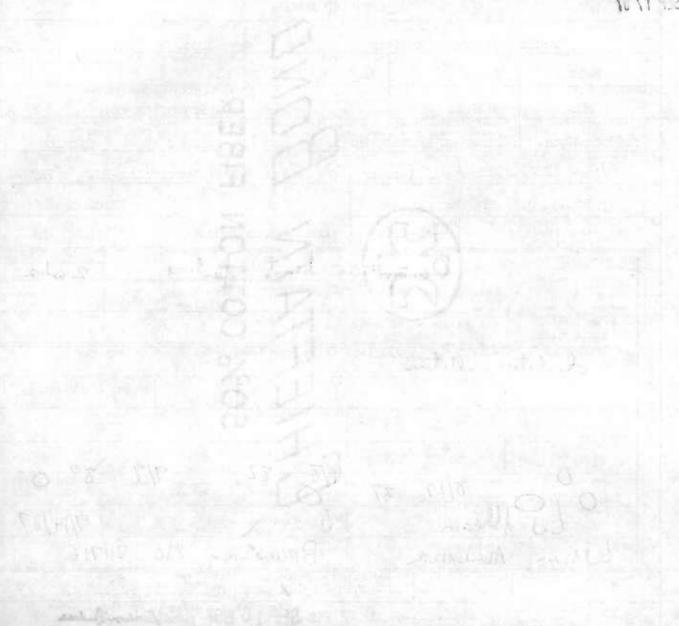
IMPORTANT; If them 21 is morked or time

STATE OF MARYLAND DEDARTMENT OF HEALTH AND MENTAL WOLLENG

EF	17	FÖR STAE REGISTRAR			DEPART	MENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IENE 2	6 ,	6 0	
		CEASED NAME	FIRST		WIDDLE	1	AST		MONTH DAY	Y YEAR	26 HOUR
	(TAME		chie	Mehr	1 Brand	enbur	a	Sept. 7	. 1987		8:00 P.
	3. SE	X		4 RACE		5. DATE C	OF BIRTH	6. AGE IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS
		Male		White		Aug	. 14°, 1902°	85	YRS	NIHS DATS	HOURS MIN.
5		IRTHPLACE (STATE OR FO	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE CITY OF Freder	ick co.		M
7	10 CI	ITY OR TOWN OF DEA	тн		HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT		126. KIND OF	BUSINESS OR
1	B	raddock Hgt	cs.	Vindab	ona Nursi	ng Ho	me	farmer	F WORKING [IFE]	farmi	ing
5	USU/ 13a S	AL RESIDENCE (IF NURSI	Fred	other institution	13t CITY OR TOW Middlet	N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 8317 Myers	/ ZIP CODE Ville I	Rd. 21	1769
V	14 FA	ATHER'S NAME		WDD15	LACT		15. MOTHER'S MAIDEN NA				
)		John	W.	Brane Brane	denburg	80119	FIRST Ada	WIDDLE	Ha	arshman	1
1	16a V	WAS DECEASED EVER I	IN U.S. AR. (IF YES, GIV	MED FORCES? E WAR OR DATES)	166 SOCIAL SECU 214–36–24	RITY NO. 81	Louisa Brand	denburg		Letown,	Md.
	ATION	Conditions, if ony, which gove rise to immediate couse 10°, stating the underlying couse lost. PART 2 OTHER SONIFICANT CONDITIONS CONTRIBUTING TO DE 19° DATE OF OPERATION 19° DATE OF OPERATION 19° CONDITION FOR WHICH CONDITIONS TO SERVE OF CONTRIBUTION OF THE CONDITION OF TH						INAL DISEASE OR CON		VIN PART 1:0	
	CERTIFICATION					OPERATIO		YES NO	IN CERTIFY I	NG CAUSES (OF DEATH?
9		210. ACCIDENT WAS UNDO	AUSE OF DEA	114	DE INJURY .M. MONTH DA .M.	AY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I I OR PART 2)	
	MEDICAL	216 INJURY OCCURR WHILE NOT WHI AT WORK AT THE		21e PLACE (AT HOME ST	OF INJURY REET FACTORY OFFICE F	ARM, ETC J	211 LOCATION STREET	CITY OR TO	WN 7/7	COUNTY	STATE
		22a.1 certify that sow the decease above((I))we)(d			A 177	87. or	nd that in (my) our) apinion (deoth occurred on the d	ote and hour o	and from the co	auses stated
,		226 SIGNATURE	2	Illeo	m		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		9/10	Y/87
		226 PHYSICIAN'S NA	WE (TYPE O	hal	SMER		Punsa Punsa	vick Me	2	1716	
	(BURIAL CREMATION, F (SPECIF Burial	REMOVAL	Sept.	11, 1987G	NAME OF C	emetery or crematory ickle Cemetery	/ Myersvil	le Fred	i° Md.	STATÉ
	24. FU	Thompson F	unera	al Home	ddletown,	Md.	21769 SEP 1	1987 Julia	25b REGISTRA	RESIGNATU	RE

DHMH - 16 60M 7/84 (VRA 15, 4)

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1			STATE	OF MARYLAND	3		
h	FOR - STATE	DE		ALTH AND MENTAL HY	JENE / 2	6 . 6	
	REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO	0.	2
	DECEASED NAME FIRST	ld Benjan	\hat{B}	ROWN	26 DATE OF DEATH	9 16/87	26 HOUR
245	87	4 RACE	5. DATE OF		6 AGE (IN YEARS LAST BIR		IF UNDER 24 HRS
Ľ	Male	White	Nov.	12, 1908	78	YRS 10 4	HOURS MIN.
1	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.A.	MARRIED WIDOWED	NEVER MARRIED DIVORCED	_	cick Co.,	MD
10.0 F	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV Frederick N	oursing home of estreet address) lemorial	OTHER INSTITUTION	12a USUAL OCCUPATI	ON 126 KIND C	OF BUSINESS OR
130 M	laryland Car	roll Rinstitution Give residence 13c. City O	Airy	13d INSIDE CITY LIMITS? YES NOX		ZIP CODE	21771
20/	FATHER'S NAME FIRST Guy		rown	is mother's maiden na First Hattie	MIDDIE V.	Ho	od
J 160	WAS DECEASED EVER IN U.S. AL (YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATEST	-34-0125	Margaret	L. Brown.		13
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON					
CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION			AIN AL DISEASE OR CON	206. IF YES, WERE FINDI	NGS USED
く 音					YES NO	YES [NO [
MEDICAL CER		HOUR A.M. MONT	TH DAY YEAR	214 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART T OR PART 2)	17.4
l ĕ							
WE	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY	OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OUNTY COUNTY	STATE
WE	22a.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did)	(AT HOME, STREET FACTORY	from Jone	d that in (my) (our) opinion	1. to 1	ote and hour and from the	that (I) (we) lost
WEI	220.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did) (Th. SIGNATURE	intell of the body after death	from Jone	d that in (my) (out) opinion EGREE ATTENDING PHYSICIAN	deoth occurred on the d	ote and hour and from the	that (I) (we) lost
WEI	22a.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did)	intell of the body after death	from Jone	d that in (my) (our) opinion	deoth occurred on the d	ote and hour and from the	that (I) (we) lost
230	220.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did) (Th. SIGNATURE	(AT HOME, STREET FACTORY Dital) ottended the deceased of the street of	from 19 , one	d that in (my) (out) opinion EGREE ATTENDING PHYSICIAN 22e ADDRESS METERY OR CREMATORY	MEDICAL STA DIRECTOR PHYSIC	ote and hour and from the	that (It (we) lost couses stated

DHMH - 16 60M 7/84 (VRA 15, 4)

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DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL YGIENE

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	17 -	FOR STATE REGISTRAR	DEPAR		TH AND MENTAL YG TE OF DEATH	IENE 2 0	0 4
		CEASED NAME FIRST Marga	aret Louise	BRUCI	OLY	20 DATE OF DEATH MONTH September 23	1987 25 18 50 p. M
	3. SE)	Female	White		RTH 22° ^{AY} 192 ^Y 3 ^{AR}	6 AGE (IN YEARS LAST BIRTHDAY) 64 YRS	
	M	RTHPLACE (STATE ORFOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	WIDOWED 1		Frederick	County, MD.
1	F	roderick	11. NAME OF HOSPITAL, NURS Frederick	morial	Hospital	120 USUAL OCCUPATION (THOSE WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR INDUSTRY
1	130 S Ma	ryland Fre	PROTHER INSTITUTION GIVE RESIDENCE BEFO INTY 13c. CITY OR TO Derick Freder	ick YE	INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CO	town Pike 21701
74		THER'S NAME FIRST John	N. Murphy		MOTHER'S MAIDEN NA	MIDDLE	Kepler
1		VAS DECEASED EVER IN U.S. AI YES, NOOB UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SEC	-0205	r. Wayne Lane, Fre	D. Bruchey, derick, Mary	
		PART 1. DEATH WAS CAUS	only one couse per line for (a), but SED BY: ATE CAUSE (o)	illei	~ au	ent	BETWEEN ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c) CONDITIONS CONTRIBUTING TO	UENCE OF	(ferthe	INAL DISEASE OR CONDITION O	15419
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC		2.5 E	200 AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
7	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	HOUR A.M. MONTH P.M. 21e PLACE OF INJURY	DAY YEAR 19	LOCATION	RED (ENTER NATURE OF INJURY IN 11EM T	8 PART I ORPART ?) COUNTY STATE
	W	white Not white at work 22a I certify that (I) (this has sow the deceased alive o	0 3 ()	0-7	9 76	death occurred on the date and h	, 19, that (II (we) lost
		276 SIGNATURE	cat view the body after depth.	DEG	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
		Dr. Timoth	y Hickey, MD.	./ 1		fedical Center	r, Fred. Md.
	23a B	BURIAL, CREMATION, REMOVA					Frederick Md.
	24 E	INERAL DIRECTOR	Basford P Ages	Funera	250. DAT	P 3 0 1987	ISTRAR'S SIGNATURE

The grate Powise away to Bear amber 23, 1 T 1:50 e vermen doern aert will newlays and Elect x delectors doing beet beet will will be the control of th galger. John M. Kurshy to ---- 220-12-0203 Ente, Fred wick, Margland 11/01

in delegate and successful all successful the successful in.

THE TRUE CHARMED TRACE CONTRACTOR OF THE PROPERTY OF

669

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 Ó 0

		FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL H	PGIENÉ	REG. NO.	<i>⊶</i> } O	3
	28.4	SED NAME	FIRST CLIA		MIDDLE	Ba	MUNER	20 DATE OF	- 20	- 87	26 HOUR 1445 M
		emale		4. RACE Whi		5. DATE C	DAY YEAR	76		IF UNDER TYEAR MONTHS DATE	
5	CC	THPLACE (STATEORS		U.S.		MARRIE		Fre	derick C		MD.
1	F	rederick		Freder	ick Memo	rial H	ospital	(TYPE OF WOR	OCCUPATION EX FOR MOST OF WORK EWIFE	ING LIFE) INDUSTR	of Business or home
7	USUA 13a. ST	L RESIDENCE (IF NURS TATE Md •	13b COUN Fre	OTHER INSTITUTION JIY d.	GIVE RESIDENCE BEFO 13 CHYOR TO Jeffers		13d INSIDE CITY LIMITS?		address/zipo Broad Ru	cope in Rd. 2	1755
)	14. FAT	THER'S NAME FIRST	UNKN	OMN	LAST		15. MOTHER'S MAIDEN N		NKNOWN	ı	LAST
/	160 W	AS DECEASED EVER ES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	218=50=		Russell Br	unner	Jeffer	son, Md.	21755
	NO	Conditions, if ony, gove rise to immediate (o), stotim underlying couse PART 2 OTHER SIGN 19a. DATE OF OPERA	nediate ng the lost	Ic) CONDITIONS <u>C</u>		O DE ATH BUT	NOT RELATED TO THE TE	200 AUTO	OPSY? 20b.	N GIVEN IN PART IF YES, WERE FINITE ERTIFYING CAUSI YES	DINGS USED
)	CAL	210. ACCIDENT WAS UNI	CAUSE OF DEA	HOUR A	.M. MONTH .M.	DAY YEAR	21c. HOW INJURY OCCU				
		21d INJURY OCCUR	HILE	(AT HOME ST	OF INJURY REET FACTORY, OFFIC		211 LOCATION STREET	to	CITY OR TOWN	COUNTY	state tho in (we) lost
		27b. SIGNATURE	did) did no	t) view the body		87,0	DEGREE ATTENDING	on deoth occurre		191	
		27d PHYSCIAN'S N.	YNE TYPE	A	GMER		22e ADDRESS	,,,,,	ck, l	Mo	21716
	(5	URIAL, CREMATION, SPECIFY) Burial		Sept2	3,1987 F	Reforme	emetery or cremator d Cemetery		ation leetown	Freduni M	
	24 FU	INERAL DIRECTOR	n fune	eral Hor	ne Marks	Me		DOE 4		EGISTRAR'S SIGN	ATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Md. 21769

SEP 25 1987

Julia Dandon-Rudass

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FOR STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

	We:	st Virgini	a	US.	A \	VIDOWED [DIVOR	CEDX XX	Frederick	Count	У,	MD.
	10. CI	TY OR TOWN OF DEA	TH 1		HOSPITAL, NURSING		HER INSTITUT	ION	120 USUAL OCCUPATE			BUSINESS OR
	Fr	ederick			ick Memori		pital		Foreman B & O Railro			Railroad
-01	USUA	L RESIDENCE (IF NURSI	NG HOME OR C	THER INSTITUTION	GIVE RESIDENCE BEFORE AD	MISSION)						
	13a S	arvland	13b COUNT		13c. CITY OR TOWN		INSIDE CITY L	IMITS?	Box 2, Po		Flate	21716
7	_	THER'S NAME	rrede	erick	Brunswic	A .	MOTHER'S MA			tolliac i	riaus	21/10
А	1110	FIRST	M	HDDLE	LAST	.,,	FIRST		MIDDLE		LAST	
-		Eugene			Burkhart		Ida		Virgini		Stucke	ey
1		(AS DECEASED EVER		WAR OR DATES	166 SOCIAL SECURI	IY NO. 1/	NFORMANT					
		No			235-32-11	67	Mrs. Ve	enusta	a Burkhart	Bruns		
		18 CAUSE OF DEATI	H (Enter only	y one couse per	line for (a), (b), and (c), (APPROXIM BETWEEN O	NATE INTERVAL
		PART I. DEATH W		BY. CAUSE (o)	Savani	205	Lune	Co	NCU			
			IMMEDIATE		//		0	-				
		e 101 0		DUE TO, OI	R AS CONSEQUEN	CE OF						
		Conditions, if ony, gave rise to imm		(b)				_				
		couse (a), statin underlying couse		DUE TO, O	R AS A CONSEQUEN	CE OF	•					
		underlying couse	1051.	(c)_								
		PART 2 OTHER SIGN	IFICANT C	ONDITIONS <u>CO</u>	ONTRIBUTING TO DE	ATH BUT NO	RELATED TO	THE TERMI	NAL DISEASE OR CON	DITION GIVEN	NIN PART 110	
	o O											
7)	TAT	190 DATE OF OPERAT	ION	195 CONDI	TION FOR WHICH O	PERATION W	AS PERFORME	D	200 AUTOPSY?		WERE FINDIN	
<	CERTIFICATION	***************************************							YES NO	YES		NO [
1	CER	210. ACCIDENT WAS UND	ERLYING	21b. TIME O			HOW INJUR	Y OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	TTORPART 2)	
7		OR CONTRIBUTING		n	M. MONTH DAY							
	MEDICAL	(IF EITHER NOTIFY MEDIC		21e PLACE		19	LOCATION			-		
	M.	WHILE IT NOT WH	ILE 🗍		EET FACTORY, OFFICE FAR	M ETC I	STREET		CITY OR TO	WN	COUNTY	STATE
н		AT WORK AT WO	RK -									
		220.1 certify that (1)				1 44		9	, to			hot (I) (we) lost
		saw the decease obove, (I) (we) (d alive an _	view the body	ofter death.			opinion d	leath occurred on the de	ote and hour o		
		775. SIGNATURE	/	,		DEG			MEDICAL CTAL		220 DATES	SIGNED
		900	as	un	-	MD		NDING SICIAN	MEDICAL STAT	IAN	91	18187
T		22d PHYSICIAN'S NA	ME (TYPE OR	PRINTI		22	ADDRESS				,	
		71	Pasi	och	mD	1	10 N,	All	And Bo	1000	unk.	m) 21711
	73n B	URIAL, CREMATION,	REMOVAL	23b. DATE	231 NA		TERY OR CREA	MATORY	23d. LOCATION	/[3 00	1	100011
П		SPECIFY)							CITY OR TOWN		COUNTY	STATE
	11/	Buria	1	9/19/		King S	hapel (RFD Hedg			
Н		Carley 11	1. LDC	our	ADDRESS	_			A A MOOT	250. REGISTRA	AR S SIGNATI	, and
	В	rown Funer	al Ho	me POB	ox 821, Mar	tinsbu	rg,WV	SEP	4 4 196/	were dies	regard - Kan	-
			and the same									

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTALHYGIENE CERTIFICATE OF DEATH

6

16

IF UNDER TYEAR

2b. HOUR

IF UNDER 24 HRS

DHMH - 16 60M 7/ (VRA 15, 4)

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FOR STATE REGISTRAR

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HEGIENE

REG. NO.

EP	DEC	CEASED NAME	FIRST	A	AIDDLE	l.	AST	20 DATE OF DEATH	монтн	DAY YEAR	10:00
"	, I	04	Dai	sy Ca	atherine	Cas	tle	Sept.	11,	1987	a. M
	3. SE)	X	4.	RACE		5. DATE C		6. AGE IN YEARS LAST !	RTHDAY)	MONTHS DATE	IF UNDER 24 HRS
		Female	3.5	White		Mar.	17, DAY 1891 YEAR	96	YRS	MONTHS DATS	HOURS MIN.
1		RTHPLACE ISLATE OR FO	REIGN 7	CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY		TY OF DEATH	
1		Md.		U.S	S.A.	WIDOWE	D NEVER MARRIED L	Exad	owi al-	Co	AAD
5	10. CT	TY OR TOWN OF DEAT	н 1				OR OTHER INSTITUTION	120 USUAL OCCUPA	erick		OF BUSINESS OR
		ddock Hgts.			ona Nursi		me	housewi	fe working	OWN I	nome
5	USUA 130. S	AL RESIDENCE (IF NURSIN	Fred.		GIVE RESIDENCE BEFOR 13c. CITY OR TOW Middleto	/N	13d INSIDE CITY LIMITS? YES 🔣 NO 🗌	13e STREET ADDRESS S. Jeff			1769
	14. FA	THER'S NAME					15. MOTHER'S MAIDEN N				
		Zachary T	aylor	Fire	estone		Elizabet	h	Br	andenbur	TCI
7	16a W	VAS DECEASED EVER IN	4		16b SOCIAL SECU	JRITY NO.	17. INFORMANT		RESS		3
1	No	YES, NO OR UNKNOWN)	(IF YES, GIVE \	VAR OR DATES)	212-74-3	3075	Dr. Glenn S	nurr W	aynes	boro, Pa	ì.
7	CERTIFICATION	Conditions, if any, gave rise to imme cause (a), stating underlying cause PART 2 OTHER SIGNI 19a DATE OF OPERATE	ediate the last FICANT CO	(c) INDITIONS CO		DEATH BUT	NOT RELATED TO THE TER	200 AUTOPSY?	20b. IF Y	ES, WERE FINDIN	NGS USED S OF DEATH?
7		21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA	USE OF DEATH	216. TIME OF	M. MONTH D.	AY YEAR	121¢ HOW INJURY OCCU	RRED (ENTER NATURE OF IN.		YES [] 8 PART (OR PART 2)	мо 🗍
Co.	MEDICAL	21d INJURY OCCURRE	D	21e PLACE C	OF INJURY EET FACTORY, OFFICE I	FARM ETC)	211 LOCATION STREET	CITY OR 1	OWN	COUNTY	STATE
E SE		220.1 certify that (1) (1) (1) (1) (1) (20). SIGNATURE	alive on_	Sunt	3 19	87.01	nd that in (our) opinion			our and fram the	
+		22d. PHYSICIAN'S NAV	AE (Type on	em	_		ATTENDING PHYSICIAN		ICIAN 🗌	7-	14-4/
/		L.		AND				INTM A	7년	Bruns	NKE MI
	23a. B	BURIAL, CREMATION, R SPECIFY) Burial	EMOVAL	Sept.	14, 1987	NAME OF C	emetery or crematory eran Cem.	23d LOCATION Middleto	wn F	red.Md.	STATE
4	24 FL	INERAL DIRECTOR INOMPSON	Funer	al Home	e Middl	.etown	, Md.2176 P	TE REC'D. BY REGISTRA	, P	STRAR'S SIGNAT	URE

(YES, NO OR UNKNOWN) No

STATE OF MARYLAND	0 7
DEPARTMENT OF HEALTH AND MENTAL	HYGIEND
CERTIFICATE OF DEATH	

3	HAIL OF M	AKILAND	(1) P
EPARTMENT	OF HEALTH	AND MENTAL	HYSIENS
CEF	RTIFICATE	OF DEATH	10 1

4187 FOR TATE	DEPARTA	MENT OF HEALTH AND CERTIFICATE OF	MENTAL HYSIENS	2 6	4 6 6
DOROTH	Y VIRGINIA	DADE	20. DA	ATE OF DEATH MONTH	30 87 2355 _M
FEMALE	4 RACE WHITE	5. DATE OF BIRTH	6. AGE	HU YEARS LAST BIRTHDAY) HU YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY?	MARRIED M NEVEL	P M ARRIED	TIMORECITY OR COUNTY	YOFDEATH County
FREDERICK /	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, FREDERICK M			SUAL OCCUPATION PORK SO THE TORKING LI	126. KIND OF BUSINESS OR INDUSTRY News Paper
SUAL RESIDENCE (IF NURSING HO/EO) 10. STATE			CITY LIMITS? 13e.STI	REET ADDRESS / ZIP COD	ETOWN RD 21753
FATHER'S NAME FIRST Joseph	MIDDLE Carbau		R'S MAIDEN NAME FIRST Clara	WIDDLE	Chew
(YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU		Old Middlet	y M. ADade	ferson, Md. 2175

COUNTY

STATE

PART I. DEATH W	I (Enter anly ane cause pe AS CAUSED BY: JMMEDIATE CAUSE (a)	r line far (a), (b), and (C)	ROIDPULN	MARY	ARREST	BETWEEN ONSET AND DEA
Conditions, if any,		PR AS A CONSEQUENCE OF	HYPOKIL	ENCEP	HALOIATH	Λ "
gave rise to imm cause (a), statin- underlying cause	g the DUE TO, C	PR AS A CONSEQUENCE OF				

VILUO 122	IKNOM	WILL DVWIN	2000年中国	I YUANIN 3	A-A-C
90 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE PIND IN CERTIFYING CAUSE	
			YES NO	YES 🗌	NO [
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21c. HOW INJURY OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18 PART OR PART 2)	

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION STREET CITY OR TOWN AT HOME STREET FACTORY, OFFICE, FARM, ETC |

AT WORK NOT WHILE 220.1 certify that (I) (the barrows) attended the deceased from saw the deceased alive an and that in (my) apinian death accurred on the date and have and from the causes stated

the body after death 22b. SIGNATURE DEGREE

22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

ros ativa

230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATOR 23b. DATE 3,1987 Jefferson Methodist Cem. Jefferson, Frederick, Md.

Basford Funeral Home 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURES 106 East Church St., Frederick, Md. 21701

DHMH - 16 60M 7/84 (VRA 15, 4)

Hard Allengers hunkyans ie u kesa 1 Milata biy Called the State of the State o 4 C 15 F S N E N 1 C S S I E THE STREET PIE-31-9404 Garage de Constitut no., serveron, No. 33725 TO A CARD THE STATE OF THE STAT 27732477 MANUARITATION TO AND ART and and the control of the control o

THE EAST PROCESS IN CAR LIVER WITHOUT ROOMS

1971s. be moreself . . . W marete face of I

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEDIENE/

2	115	GISTRAR				CENTIL	ICATE OF DEATH	150	REG. NO.					
7	I. DEC	CEASED NAME	FIRST		MIDDLE	1	AST	. 2	DATE OF	DEATH	MONTH	DAY YEAR	2b HO	UR
	Time	CH PRINT)	Charle	s I	rving	Eas	sterday	S	epten	nber :	7, 198	37		M
	1.5E)			4 RACE		S. DATE C			AGE (INY	EARS LAST BIR	THDAY	MONTHS DAYS		R 24 HRS
	Ma	le		White		July	3, 1909	A.R	78		YRS	MONTHS DATS	HOURS	MIN
1	7a BII	RTHPLACE (STA	ATE OR FOREIGN		WHAT COUNTRY	? 8 MARRIE	NEVER MARRIE	D 🗆 🤊		RE CITY O		Y OF DEATH		
		aryland		U.S.A		WIDOWE								MD
)	100	rersvill		(IF NOT IN SUC	HOSPITAL, NURS HEACILITY, GIVE STREE Casterday	ET ADDRESS)	OR OTHER INSTITUTIO	(ON OF WORKING LI		OF BUSIN	ESS OR
-	134. 5	TATE	13b. COUN	VTY	GIVE RESIDENCE BEFO		13d. INSIDE CITY LIMI	ITS?	STREET	ADDRESS /	ZIP COD	E		
1	The same of	aryland	Fred	erick	Myersvil	lle	YES NOX		-	East	erday	Road/2	1//3	
	-	narles	0	MIDDLE Ea	asterday		Effie	ENTAME	J	MIDDLE	Koog		A5T	
		VAS DECEASED	EVER IN U.S. AR	MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT			Capac	SS Hi	11 Road	1	
	No		(N) [(IF TES, GIV	E WAR OR DATES)	220-34-1	1152	C. Donald	East	erday	Myer	sville	e MD 2	1773	
		18 CAUSE OF	DEATH (Enter or	ly ane cause per	line for (a), (b), o	ond (c-1	5-5-64						NONSET AND	RVAL D DE ATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) metastatic Coscinoma of panciese										2	week	ks.
ı		DUE TO, OR AS A CONSEQUENCE OF												
		Conditions, if		(b)_			100							
		cause (a),	stating the	DUE TO, O	R AS A CONSEQU	UENCE OF								
		(c)												
	Z.	PART 2 OTHER	SIGNIFICANT (CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	EATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GI					VEN IN PART I a		
3	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR			ITION FOR WHIC	DR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?					
7	TIFIC								YES 🗌	NO .		ES []	NO [
5			AS UNDERLYING	110110 4	M. MONTH	DAY YEAR	21c. HOW INJURY O	OCCURRED	(ENTER NA	TURE OF INJU	RY IN ITEM 18	PART OR PART 2)		
	S.	(IF EITHER NOTIF	Y MEDICAL EXAMINER	P.	M,	19								
ij	MEDICAL	714 MJURY OC		21e PLACE	OF INJURY REET, FACTORY, OFFICE	FARM ETC }	21f LOCATION STREET			CITY OR TO	WN	COUNTY		STATE
		AT WORK	AT WORK			/ -	~ 21	09		/		00		
7		saw the de	eceased olive on	August		07 U	nd that in (my) (and o)	pinion dec	th occurre	d on the d	ote and ha	ur and from the	, that (I) (ne causes st	
	TT.	22b. SIGNATUR	e (de de did no	t) view tHe body	otter death.		DEGREE	-	10			22c. DAT	TE SIGNED)
		mich	sel S.	Rudma	in ,	mD	ATTEND PHYSIC		MEDICAL	STA		9	196	7
T	1.5	22d PHYSICIAN	I'S NAME (TYPE C	R PRINT)			22e ADDRESS							
		MICHA	EL S.	CUDMAN	, m.D		HARP ME	DICAL	Cen	ER	MIDD	LETOW	n, m	D.
		URIAL, CREMAT	ION, REMOVAL		Total Control of the		EMETERY OR CREMAT		23d. LOCA	ORTOWN		COUNTY		STATE
	Bu	irtal	100	Sept.9.	,1987 Mt	t.Zion	U.Methodis					derick	Mary	land
	4	PERKLIPING L	10 AL	chette	ADDRESS	1320	^ 2	SO DATE R	EC'D. BY F	eGISTRAR 07	756 REGIS	TRAR'S STOLY	TON	
	Ki	cketts	Funeral	Home M	[yersvil]	le, MD	21773	SFP .	1 4 19	01	854	"orago har sa	_	

DHMH - 16 60M 7/84 (VRA 15, 4)

. DECEASED NAME

24 FUNERAL DIRECTOR HARTZLER

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	0	60	0	72.
the sa		4		C
REG NO	- 4		,	100

250 DATE REC'D, BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

2h HOUR

20. DATE OF DEATH MONTH

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INDING PHYSICIAN: The low requires that the death certificate be executed within 44 hugan attendent. Fage 4 may be an attending physician.	OR: After this certification use as the burial-train	
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00	4 0	
ENDING PHYSICIAN: The law of ar attending physician.	 After this certificate has been signed by the attending physician and aggregately filled the Enthering Control page. Use as the burial-transit permit. Then please remove carbon papers. Pages in the 2-should be filled as thin 22 hours after dea 	

DHMH-16 60M 1/73

(VRA 15 (4))

BALTIMORE,

ž

DIVISION OF VITAL RECORDS, 301

(TYPE OR PRINT) 09/23/87 IDELLA 063 30M IF UNDER 24 HRS 3 SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 794713/28 FEMALE WHITE YEAR 59 DAYS HOURS To. BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED MARYLAND U.S.A. FREDERICK WIDOWED DIVORCED 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR WALKERSVILLE 8 I MATIN FASTIY, GIVE STREET ADDRESS) HOUSEWIFE OF WORKING LIFE MONFERY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) INTONSIDE CITY LIMITS? PREDERICK KEAMBLOOM 1º1570T APEGORE BRIDGE RD.21757 HOWARD E. POTTSHOLE 15 MOTHER'S MAIDEN NAME LAST ANNTE ANDERS MIDDLE EAST 60 WAS DECEASED EVER IN U.S. ARMED FORCES 166. SOCIAL SECURITY NO 81 MAIN ST GARFIELD POTTS NMS, NO OR UNKNOWN) (IF NO TWAR OR DATES) 220-26-5696 WALKERSVILLE, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY 501-6 CISSUR. 5 3,000 000 IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which 161 auc 63 10000 us con 2000 gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION prior 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21a. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION ō (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY ked STATE NOT WHILE WHILE AT WORK AT WORK 22a-1 certify that (1) (this haspital) attended the deceased from sow the deceased alive a above (I) Iwe) (did) and not view the body after death and that in (our) opinion death occurred on the date and hour and from the causes stated should be detached f with the State Dept. o IMPORTANT: If Item 22h_SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN FUNERAL 22d. PHYSICIAN'S NAME ITYPE OF PRINTS 22e ADDRESS shoul with t P.G. RAUSCH 7TH ST FREDERICK. 23b. DATE 09/25/87 230. BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION OAK HILL CEMETERY CITL'EGORE MT)ATE FREDERICK

WOODSBORO, MD

1GRT	1	5
B.	FOR	DEPARTMENT

TATE OF MARYLAND OF HEALTH AND MENTAL HAY GIENE

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2	6	4-1	0
		-	

		REGISTRAR				CERTIF	ICAIE OF DEATH		REG. NO.		
CT I	301	EASED NAME OR PRINTS	RAY	MOND '	HAROI	Ind '	FORD, SR.	9/30/87	9/3	30/84	33.330 PM
	3 SEX	MallMal	.e	Caucas	sian	5. DATE C MONTH Nov	DAY YEAR	6. AGE LINYEAR	YRS	MUNDER I YEAR	IF UNDER 24 HRS
		OUNTRY) Virginia	FOREIGN 76.	USA	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED		city <u>or</u> count erick.	Y OF DEATH	MD.
Control	F1	rederick		L NAME OF H	5th Stre	ADDRESS)	PR OTHER INSTITUTION	12a USUAL OC		LIFE) INDUSTRY	OF BUSINESS OR
er must be	J3a. S Ma	AL RESIDENCE (IF NUR TATE aryland	136 COUNTY		GIVE RESIDENCE BEFOR 13c. CITY OR TOV Frederic	VN	134 INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN NA	220 E.	oress / zip cod		1701
wox.	I4_FA	THER'S NAME FIRST	MIC	DDLE	LAST		FIRST		HDDLE	LA	
0		James VAS DECEASED EVER			Ford	JRITY NO	Lillie 17 INFORMANT		ADDRESS 220		man Street
medico	(4	Yes	WW I		214-10-4	085	Mrs. Kathleen	Ford	Frederi		
any injury, ar an	ICATION	PART 2 OTHER SIG	NIFICANT CO	ren	al bar	lusa	NOT RELATED TO THE TERM	INAL DISEASE C	Y? 20b. IF Y	IVEN IN PART 1: ES, WERE FINDI	NGS USED
S shows	CERTIFI	21. ACCIDENT WAS INDERLYING		216. TIME O	F INJURY M. MONTH D	AV VEAD	21c HOW INJURY OCCUR	1.23		res 🗌	NO 🗌
ked ar Irem	MEDICAL	OR CONTRIBUTING [] (IF EITHER NOTIFY MED 71d. INJURY OCCUR WHILE NOT WAT WORK	RED	P.	М.	19	211 LOCATION STREET		ITY OR TOWN	COUNTY	STATE
If Rem 21 is man									tho (we) lost couses stated		
MPORTANTE		220. PHYSICIAN'S N Joh	AME (TYPE OR P	M UN VITAL	RE/10	MD	PHYSICIAN P 122e ADDRESS 335 Park A	DIRECTOR [PHYSICIAN [21701	SU OT
5	230 B	Burial, CREMATION	, REMOVAL	10/3/8	22		et Cemetery	23d LOCATH CITY OR Freder	TOWN	ederick.	State Maryland

E. Dailey

& Son

P.A.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

1201 N. Market St. Frederick, Md. 21701

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

requires that the death certificate

O HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

be executed within 24 hours ofter death. Page 4

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ion and completely filled in by the funeral decapi

rs. Poges 1 and 2 should be filled

medicol

injury, or other

IMPORTANT: If them 21 is morked or them 18 shows ony

STATE OF MARYLAND	
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1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH A CERTIFICATE (ENE REG. NO		1	
	CEASED NAME FIRST	m W.	Freult	Z	Sept. 10		26 HOUR	
3 SEX	X	4. RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRT			
87	Male	White	Aug. 14	1913	74	YRS	DAYS HOURS MIN.	
78' BI	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NE	VED MADDIED T	9 BALTIMORE CITY O	-		
,	Maryland	U.S.A.	WIDOWED	DIVORCED	Frederi	lek Count	MD.	
10. CI	Frederick	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Frederick Mem	T ADDRESS)		120 USUAL OCCUPATION OF THE OF WORK FOR MOST OF Machinis	WORKING LIFE) INDIA	ND OF BUSINESS OR	
130. S Mg	aryland Fred	e other institution give residence befon NTY 13c. CITY OR TOV. Orick Thurmon	T YES	NO TO	13e STREET ADDRESS / 6121 Moun		21788 Rd.	
14. F.A	THER'S NAME FIRST Eutah	W. Fultz	15. MOT	HER'S MAIDEN NAM FIRST Annie	MIDDLE A		nton	
160 V	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SEC VE WAR OR DATES! 214-10	Mr	s. Clara	Mae Fult	z, 6121 Md. 2178	Mountain- 88 PPROXIMATE INTERVAL WEEN ONSET AND DE AIH	
NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO	was and	ATED TO THE TERMI	DITION GIVEN IN PA	N IN PART TIO		
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	OPERATION WAS P	ERFORMED	200 AUTOPSY?	206. IF YES, WERE F IN CERTIFYING CA YES		
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	AR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART 1 OR PART 2)				
MEDICAL	21d INJURY OCCURRED 21e PLACE OF INJURY (AT MOME STREET FACTORY, OFFICE FARM, ETC.) 21l LOCATION STREET CITY OR TOWN COUNTY STATE							
	sow the deceased alive on	ital) attended the deceased from 19 19 11 yiew the body after death.	7 4	(my) (our) opinion d	to 9 - 10 leath occurred on the do			
	27b. SIGNATURE	Je =	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	F S	0/10/87	
	22d PHYSICIAN'S NAME ITYPE OF	ARAKAT	22e AD	, w. 9th		Feeled	LMD 21701	
	BURIAL, CREMATION, REMOVAL	236. DATE 23c Sept. 12. 1987	Resthay	orcsematory en Mem	23d LOCATION CITY OF TOWN	rick Free	STATE MA	

BP

TO FUNERAL DIRECTOR. After this certificate has been signed by their should be detached for use as the burial-transit permit. Then please remaint the State Dept. of Health and Mental Hygiene prior to burial. cremains

in 72 hours offer death

DHMH - 16 60M 7/84 (VRA 15, 4)

orardens n Mem. Resthaven

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rederick Frederick

250 DATE REC 239 REGISTRAR'S SIGNATURE 6 BY 1987 A

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and should be detached for use as the burial-transit permit. Then please remove carban papers. Page: with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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within 72 hours after death

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL STREET CERTIFICATE OF DEATH

26412

בם חם	REGISTRAR			CEKTIFI	CAIE OF DEATH	REG. N	O	4		
LI GZ	YPE OR PRINT)	FIRST A	AIDDLE	Į.A.	si	20 DATE OF DEATH	MONTH E	DAY YEAR	26 HOUR	
	I	DA CATI	HERINE	GIBS	ON		9	3 87	9 P M	
3. 5	SEX	4. RACE		5. DATE OF		6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS	
	Female	Caucas		Feb.	26, 1898 EAR	89	YRS		ATTICL	
70.	BIRTHPLACE (STATE OR FOR		WHAT COUNTRY?	18	□ NEVER MARRIED □	9 BALTIMORE CITY O	R COUNTY	OF DEATH		
	West Virginia U.S.A.			WIDOWE	XX DIVORCED	Frederick,			MD.	
0	Frederick	8404 L	iberty Ro	add ad	OTHER INSTITUTION	17 Homemaker	ON A WORKING LIFE	12b KIND (INDUSTRY	None	
5	Maryland	HOME OR OTHER INSTITUTION. COUNTY Frederick	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Frederi	ADMISSION) N 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE					701	
4	PATHER'S NAME PIRST Dominick	MIDDLE	Rich						idmore	
160	WAS DECEASED EVER IN (YES, NO OR UNKNOWN) (U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	577-30-5		8404 Liberty Road					
	PART I. DEATH WAS	Enter only one couse per CAUSED BY:	AP DI DE	d (c).1	ARMEST			BETWEEN	CIMATE INTERVAL ONSET AND DEATH	
CERTIFICATION	PART 2 OTHER SIGNIF	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 90 DATE OF OPERATION 196. CONDITION FOR WHICH				20g AUTOPSY? 20b. IF YES, V		, WERE FINDI	NGS USED S OF DEATH?	
	210. ACCIDENT WAS UNDER		FINJURY M. MONTH DA	V VEAD	21c HOW INJURY OCCUR	YES NO	RY IN ITEM 18 P		NO 🗍	
A	OR CONTRIBUTING CAU	SE OF DEATH		19						
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
	sow the deceosed	27a.1 certify that (I) (this hospital) attended the deceased from NOV 19.85 to SEFTEMBEL 19.81 that (I) that (I								
	226. SIGNATURE					MEDICAL STA			signed pt.3, 198	
1	22d PHYSICIAN'S NAM	Ashwal, M.	D.		4 West 7th	Street, Fr	ederic	k. MD	21701	
230	BURIAL, CREMATION, RE	MOVAL 23b. DATE	23c. N		METERY OR CREMATORY	23d LOCATION				
	Burial	9-5-19	87 F	ort Li	ncoln Cemete	ry Brentwoo	d, Pri	ince Ge	o.,Md.	
/B4 R.	E.DAILEY & S		201 North		er pr.	E REC'D. BY REGISTRAR	256 REGISTI	RAR'S SIGNA	TURE	

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🖰 CERTIFICATE OF DEATH REG. NO 2a DATE OF DEATH MONTH 2b HOUR DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH Sept. 17, 1939 47 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED

Male Negro LE-BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? COUNTRY

arthur Le

Maryland 0 CITY OR TOWN OF DEATH

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Frederick Memorial Hospital

LAST

WIDOWED DIVORCED X

NO X

15 MOTHER'S MAIDEN NAME

FIRST

Frederick County, 12a. USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Plasterer Construction 13e STREET ADDRESS / ZIP CODE

5319 Burkittsville Rd.

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN Maryland Jefferson Frederick 4 FATHER'S NAME

MIDDLE Willis Edward 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN)

Gilbert Sr. 166 SOCIAL SECURITY NO 213-40-7077

Ruby 17 INFORMANT

13d. INSIDE CITY LIMITS?

NMN Brooks 53 timoer Rock Rd. Gloria Crampton - Gaithersbury, MD 20878

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)_ Canditians, if any, which gave rise to immediate couse (a), stating the underlying cause lost

- STATE

REGISTRAR

DUE TO OR AS A CONSEQUENCE OF (umphomo) DUE TO, OR AS A CONSEQUENCE OF Loillure 9

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

21e PLACE OF INJURY

21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M

YEAR 211 LOCATION

200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

(AT HOME STREET FACTORY, OFFICE, FARM ETC) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram .19 🐧 🔼 and that in (my) (our) apinian death accurred an the date and have and fram the causes stated saw the deceased live an abare, 1) (we) (old (did not) view the body after death

CITY OF TOWN

COUNTY STATE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

226. SIGNATURE

230. BURIAL, CREMATION, REMOVAL

22e. ADDRESS

STREET

ATTENDING MEDICAL STATE PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

224 PHYSICIAN'S NAME (TYPE OR PRINT)

4 cures1 23c NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cem.

DEGREE

23d LOCATION

Burial 24. FUNERAL DIRECTOR DHMH - 16 60M 7/84

(SPECIFY)

(VRA 15, 4)

0

John T. Williams Funeral Home Brunswick, MD

9/15/87

23b DATE

Lucketts, Loydoun, Va.

189 21 1987 July 1864 - 10 496°

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	FOR STATE FEGISTRAR			DEPARTA		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N	200	1-4	ç
		rothy	Ger	aldine	60	ödman vo ourair	20 DATE OF DEATH	18/87	Y YEAR	26 HOUR 03 15 A
3. SE	× Fei	male	4. RACE	White	2	of BIRTH ober 30, 1928	6. AGE (IN YEARS LAST BII		UNDER 1 YEAR	HOURS MIN.
70. B	IRTHPLACE (STATE OR COUNTRY) Maryland	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRII WIDOW	ED NEVER MARRIED DIVORCED DI	9. BALTIMORE CITY OF Freder	ick Cou		M
10 C	Frederick	ATH		HOSPITAL, NURSIN HEACHITY, GIVE STREET 1 CK MCMO		OR OTHER INSTITUTION Hospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Homemak		126 KIND OF INDUSTRY Hom	BUSINESSOR
130.	AL RESIDENCE (IF NUR STATE Maryland	136 COUN		GIVE RESIDENCE BEFORE 13c CITY OR TOW Prederic	N	13d INSIDE CITY LIMITS?	921 Shawn	/ ZIP CODE	re 2,	1701
14. F.	ATHER'S NAME FIRST Irvin		MIDDLE	Wickha	m	15, MOTHER'S MAIDEN NAM	MIDDLE E		SWO	
16a.	WAS DECEASED EVER		MED FORCES?	219-20-		Mr. Roy E. Go		TSShawr ederick		
z	gove rise to immediate couse (a), storing the underlying couse lost (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN							N IN PART I 10		
CERTIFICATION	190 DATE OF OPERA					ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	GS USED
MEDICAL CERTIF	OR CONTRIBUTING CAUSE OF DEATH HOUR		HOUR A	ME OF INJURY R. A.M. MONTH DAY YEAR P.M. 19			YES NO	YES		NO []
MED	21d. INJURY OCCUR	HILE []	21e PLACE	OF INJURY REET FACTORY OFFICE, 1	FARM ETC)	21f LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
	22a. I certify that (1) (this hospital) attended the deceased from								ond from the c	
	22d PHYSICIAN'S N Dr. Phil			eni	2	ATTENDING PHYSICIAN DE 22e ADDRESS 814 Toll Hou	MEDICAL STA	CIAN	fick, M	8(Y) d. 2170
23a	BURIAL, CREMATION	REMOVAL	236 DATE	23c		CEMETERY OR CREMATORY	23d LOCATION		COUNTY	

106 East Church Street, Frederick, Md. 21701

REGISTRAR 256. REGISTRAR'S SIGNATURE CEB

DHMH - 16 60M 7/84 (VRA 15, 4)

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	STATE OF MARYLA	ND (3)
DEPARTMEN	IT OF HEALTH AND M	ENTALWYGIE
	PATIFICATE OF N	CATIL

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60	9	- 4	-	-
	East.		-2	

	-	REGISTRAR		CERTIFIC	ALE OF DEATH	REG. NO			
1, 11, 14,		CEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH			26 HOUR
death death	(,,,,,	Eleano	ora Eader GO	SNELL		September	28, 198	7	4:00 Am
- P	3 SEX	K	4. RACE	5 DATE OF E		6 AGE (IN YEARS LAST BIR	MONIH	DER I YEAR	HOURS MIN.
ars of]	Female	White	April	18, 1902	85	YRS		
72 hou		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED					
NO		laryland	U.S.A.	WIDOWED	DIVORCED [ick Coun		MD.
iled within		ty or town of DEATH raddock Heights	11. NAME OF HOSPITAL, NURSIN LIE NOT IN SUCH FACILITY, GIVE STREET VINDODONA NURS	IG HOME OR O	OTHER INSTITUTION	120 USUAL OCCUPATE LITYPE OF WORK FOR MOST O CLERK	ON F WORKING LIFE) IN Sta	te Go	vernmen
mys be	130 S	aryland Fre	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE NIY CHIZ OR TOWN CHIZ OR TOWN FRENCH TOWN THE CONTROL OF T	ck 13	INSIDE CITY LIMITS?	13. STREET ADDRESS / East Patr:		et, 2	21701
10/	14. F.A	John Dan	middle LAST Eader		MOTHER'S MAIDEN NAM	onia		EAST	Fox
medico		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI NO	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 214-10-5		INFORMANT Ellsworth E.	AUDRE	SS Fairview ederick	Aver	nue 21 701
emoval.		PART I. DEATH WAS CAUS	nly one couse per line for (a), (b), and ED BY: TE CAUSE (a)	dica	cardiae	arrest		APPROXIM BETWEEN O	MATE INTERVAL
ien please remoi 5 burial, cremati ury, ar other tra	z	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DITION GIVEN IN	N IN PART I IO					
ene prior to	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION V	VAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEI IN CERTIFYING YES		
em 18 sh	_	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	HOUR A.M. MONTH DA	AY YEAR	16 HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM TO PART I C	DR PART 2)	
and Me	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE F	2	II LOCATION STREET	CITY OR TO	wn c	OUNTY	STATE
of Health		22a.1 certify that (1) (this hose	of view the body offer death.	57_, and	hat in (my) (our) opinion of	todeath accurred on the de	28 19_ ote and hour and	from the c	hat (1) we) ast
ote Dept T: If Item		22b. SIGNATURE	Meani	DE	ATTENDING PHYSICIAN	MEDICAL STAI		9/2	SIGNED 9/87
with the State		Dr. Wayne All			on ADDRESS Ninth Ave	e., Brunswi	ck, Mary	land	21716
d X		SURIAL, CREMATION, REMOVA			etery or crematory	23d LOCATION CITY OF TOWN Frederic	Fredo	niv mi ole	Ma STATE
16 60M 7/84 A 15, 4)	24 F	UNERAL DIRECTOR	and Basford Muze ch St., Frederic	ral Hom	250 DAY	F PEC'D. BY REGISTRAR		SIGNATI	URE of

A CORE Enter CONTENT Totales St. 1577 h:CO to THE COURT OF LOUIS MANUEL The Traderick Come. Bridges Handles Vincing Sine Clork State (Overmont John Barid Refer Sophronia Fox All-10-5051 Elleworth & botain, recommend, Pt. 20701

in. Summa Allendary, N. D. 1800 | Each Ave., Control of Strand Capacitation (2072)

Andrea Cot. 1. 257 "1. Shwan ketany Terle 14. "rederick, d. 151. Hostov ket erd "unitel 1610 151 Mart Shrut Sh., Hondored, M. 1701

STATE OF MARYLAND

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may be page 3 er death	1. DECEASED (TYPE OR PRINT		FIRST Bben		assius		u 1d		Sept	ember		987	26. HOUR P.
4 94	3. SEX	ale		4. RACE Whi	te	5. DATE CO	F BIRTH	1901	6. AGE (IN	YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
neral direct	COUNTRY)	CE (STATE OR	FOREIGN		WHAT COUNTRY?	MARRIEI WIDOWE		MARRIED .	Frederick County MD			y MD.	
s ofter d		own of dea	ATH	11. NAME OF (IF NOT IN SUC 5592	HOSPITAL, NURSII THE FACILITY, GIVE STREET TE AKWOOD	ADDRESS)	R OTHER INS	NOITUTIT	(TYPE OF WO	OCCUPATION AK FOR MOST OF	ON F WORKING LIF	126 KIND O INDUSTRY Law	Firm
AND 212 24 hours filled in conti be	USUAL RESIDENCE STATE		136 COUN		13c. CITY OR TOV Frederi	VN	13d. INSIDE	CITY LIMITS?	13e.STREET 5592	ADDRESS /	ZIP CODE	Court,	21701
completely from the completely from 2 should be completely from 3 should be completely	14 FATHER'S	NAME FIRST CINON	W.	MIDDLE K.	Gou 1d			'S MAIDEN NA Anna	ME	WIDDLE		Bra	
BALTIMORE, MARYLAND 2120 care be executed within 24 hours wiction and completely filled in by apers. Pages 1 Pag 2 should be fill cell. nt, the medical economermost be no	16a WAS DE	CEASED EVER	(IF YES, GO	MED FORCES? E WAR OR DATES) ONC	09 1-07-0		Jenni	e M. Go	u 1d			rick, M	d Court d. 21701
that is death clitting the plant is remained by clitting and plant is commonly or temporarily contribution for the plant is commonly or the plant	Cond gove couse unde	attions, if ony rise to im (o), stotii lying couse	, which mediate ng the e lost.	DUE TO, O DUE TO, O (b) DUE TO, O (c)	IR AS A CONSEQU	ENCE OF	NOT RELATE	D TO THE TERM	MINAL DISEA	se or coni	DITION GIV	EN IN PART 1	eard
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir ottending physician. As the burieltronsit permit. Then the and Mental Hygiene prior to be orked or them? & shows any injury.	21a. AG	CIDENT WAS UN	DERLYING CAUSE OF DEA	21b. TIME C	OF INJURY M. MONTH D			ORMED	YES TRED (ENTER N	NOD	IN CERTIF	S, WERE FIND IN YING CAUSES S PART I OR PART 2)	
ENDI rol or DR: A Heol	ZId IN WHILE AT WOR	JURY OCCUR	RED	21e. PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE.	FARM, ETC)	211 LOCAT STREET	10N ET 19 St	, to	City Or to	7	COUNTY	thor (1) (we) lost couses stoted
TO HOSPITAL OR ATT retained by the hospit should be detached to with the State Dept. of MAPORTANT. If them 2	22b. Si	YSIC AS	AM	76	Cline	The state of the s	22e ADDRE	ATTENDING PHYSICIAN ESS	MEDICAL DIRECTO	STAF	FIAND	22c. DANE 29	SIGNED 7
BP	23a BURIAL, (SPECIFY)	CREMATION, Buri	1	CONTROL STORY	7,1987 Ev					10 TOWN			, Maine
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FUNERAL 106 E	DIRECTSm ast Ch	ith,	Keeney Street,	Basford Frederic	Fune:	2170	HI C		REGISTRAR		RAR'S SIGNAT	

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ompletely filled in by the funeral director page 3 and 2 should be filed within 72 hours after death ed within 24 hours ofter death. Page 4 may be DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR. After this certificate has been signed by the o should be detached for use as the burial-transit permit. Then please remarked the State Dept. of Health and Mental Hygheste prior to burial, cremital TO HOSPITAL OR ATTENDING PHYSICIAM THE retained by the haspital ar ottending physic

STATE OF MARYLAND

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10 37	ISTRAR		CEKTIFICA	ATE OF DEATH	REG. NO			
1 DECE ASE	ED NAME FIRST Charle	MIDDLE	Gr	oomes	20 DATE OF DEATH	7	1987	S HOUR
3. SEX M		A. RACE B	S. DATE OF E	BIRTH DAY 8 18	6 AGE EARS LAST BIR		FUNDER I YEAR	HOURS
COUNTS		U.S.A.	MARRIED X	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF FREDI	ERICK	OF DEATH	
10 CITY OF	R TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 324 N. BENTZ.	ADDRESS)	OTHER INSTITUTION	170 USUAL OCCUPATION OF WORK FOR MOST OF THE TOTAL OCCUPATION		176 KIND O INDUSTRY	F BUSINESS
USUAL RES 13a. STATE MD	13b COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE TY 13c. CITY OR TOW	N 113	NSIDE CITY LIMITS?	324 N. B		ST. 2	170
14 FATHER	FIRST	RY GROCMES	15	ELIZA DO	ANDDIE		LAS	
	OR UNKNOWN) (IF YES GIVE	MED FORCES? 166 SOCIAL SECU WAR OR DATES! 213-1	2-7794	CECILIA	GROOMES -	- wife	e - s/	a
18 C	PART I. DEATH WAS CAUSED	CAUSE (a) Clarace	and co	hronic par	creatith	1	BETWEEN C	MATE INTERVA
gav	nditians, if any, which we rise to immediate use (a), stating the	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE					-	7
gav cau und	ve rise to immediate use (a), stating the derlying couse last	(b)	ENCE OF		20a AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDIN	IGS USED OF DEATH
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Balto., Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL TYGIENE

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	1			- Oc

3 0 361	3	REGISTRAR				CEKIII	ICAIE OF DEATH	REG. N	10.	4	
		CEASED NAME	FIRST	,	MIDDLE		LAST	20 DATE OF DEATH		YEAR	26. HOUR
page 3	(149)	E OR PRINT) E	IEL	VN J	TANE	GRI	DSSNICKLE	09	02	. 87	0630 A
1 0	3. SE			4 RACE		S. DATE	OF BIRTH	6. AGE (IN YEARS LAST BE		IF UNDER I YEAR	
a s		Female		Whi	te	Augu	st 1, 1913	74	YRS		HOURS MIN
of Told		RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8 MARRIE	DE NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
	Ma	ryland		U.S.		WIDOWI	ED DIVORCED	Freder			N
64		ryortown of DEA ederick	ATH	Freder	HOSPITAL, NURSIN CHEACILITY, GIVE STREET ICK Memor	IG HOME (address) ial H	ospital	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST Homemaker	OF WORKING LIFE		
N N	USUAL RESIDENCE (IF NURSING HOME OF 130, STATE 138, COU Maryland Fred				136. CITY OR TOW Myersvil	N	13d INSIDE CITY LIMITS? YES NOX	136 STREET ADDRESS 11134 Rum			
100	Ar Ar	ATHER'S NAME FIRST		MIDDLE K	line LAST		15. MOTHER'S MAIDEN NAME FIRST Emma	ME	Bli	ckenst	aff
Poge 1		WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? (E WAR OR DATES)	166 SOCIAL SECU 216-48-7		17 INFORMANT	ADDI ADDI	T34 R11	m Spri	ng Rd.
he m	110		10.5	,			Earl M. Gross	silickie My	ersvil	APPROX	XIMATE INTERVAL
pop pop pop pop ent,		18 CAUSE OF DEAT PART 1. DEATH W			r line for (a), (b), an	L a	+ Film			DAVS	XIMATE INTERVAL NONSET AND DEAT
bor rer	1		IMMEDIA	TE CAUSE (a)	ongestive		T LOUGHNE			VIII	2
e co on, o		Canditions, if any		DUE TO, O	April S	PANS	1			YEAR	25
signed by in hen please re a burial, crer jury, ar ather	Z	cause 101, stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE							EN IN PART 1	la	
permit. The prior in	CERTIFICATION	19a DATE OF OPERA		19b. COND	TO FOR WHICH	OPERATIO	DN WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	, WERE FINDI YING CAUSES	INGS USED S OF DEATH?
sho sho	ER	21a. ACCIDENT WAS UN	DERLYING [1 21b. TIME C	OF INJURY		21c HOW INJURY OCCURE				140
HIOTH M		OR CONTRIBUTING	CAUSE OF DE	ATH HOUR A	.M. MONTH DA						
the burio and Meni ed or Ite	MEDICAL	(IF EITHER NOTIFY MEDI	RED	21e PLACE	.M. OF INJURY REET FACTORY OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR I	OWN	COUNTY	STATE
Health is mark		220. I certify that (1) this haspital) attended the deceased from 1987, and that from (aur) apinion death accurred on the date and haur and from the causes stated above (1) we) (district an online with body after death.									
d for	1	obove (1) we) (dide and no	I view the Body	atter death.	, a		death accurred on the c	date and naur		
RAL DIR detache tate Dep		276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN									
TO FUNERAL DIRECTOR should be detached for until the State Dept. of HI IMPORTANT: If them 21 is		Steven	J. 1	Brand	mo		27 W. 7th		ck, mo	217	101
- 5 3 ≥ 7	23a	BURIAL, CREMATION,	REMOVAL	23b. DATE	230 1	NAME OF (CEMETERY OR CREMATORY	23d LOCATION	-	COUNTY	STATE
	Bu	rial	0	Sept.4	,1987 Sa	lem U	.Methodist Cer	nt. Wolfsvi	lle Fr	ederic	k Maryl
16 60M 7/B4	24 F	UNERAL DIRECTOR	Hic	hette.	ADDRESS		25a. DAT	E REC'D-BY REGISTRAL	R 25 REGISTE	AP'S SIGNA	TURE
RA 15. 4)	Ri	cketts Fun	eral	Home M	versville	· MD	21773 SEF	0 198/	The same of	Drawn Je.	Vanney and

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL ANGIENE

007	1-	FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL ANG ICATE OF DEATH	IENÉ REG. N	4		
OCT		SEASED NAME FIRST		MIDDLE	ī	AST .	20. DATE OF DEATH	HINOM	DAY YEAR	26. HOUR A
	(TYPE	George George	9	Henry	H	arper	September	27,	1987	10:40 M
1470	3. SE		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	and S	Male	Whi	te	Augi	ist 15, 1903	84	YRS	MONTHS DATS	HOURS MIN.
Source.		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8.	DE NEVER MARRIED	9 BALTIMORE CITY OF Frederic	R COUNT		MD.
Parified 4	10 C	TY OR TOWN OF DEATH Frederick	11. NAME OF	HOSPITAL, NURSIN CHEACILITY, GIVE STREET A FICK MEMOI	G HOME C	PROTHER INSTITUTION Hospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Factory W		#E) 126 KIND O INDUSTRY Manuf	DE BUSINESS OR
	13a. S	AL RESIDENCE (IF NURSING HOME STATE 136 CO Maryland Fr		GIVE RESIDENCE BEFORE 13c CITY OR TOWN Frederic	N.	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 1629 Shoot	ZIP COD	Road,	21701
0/	14. FA	THER'S NAME FIRST GEOTGE	MIDDLE H	Harper	r	15 MOTHER'S MAIDEN NAM	WIDDE		Ste	rn
medico		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN] {IF YES,	ARMED FORCES? GIVE WAR OR DATES! None	214-10-3		17 INFORMANT Charlotte F.			Boone A	
i i		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly ane cause pe SED BY:	Cardio	dicul	Arrest			BETWEEN	MATE INTERVAL ONSET AND DEATH
njury, at attler to	NOI	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	(c)_	OR AS A CONSEQUE SHOK ONTRIBUTING TO D	e	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GI	VEN IN PART 1:0	a
A Swall	CERTIFICATION	19a DATE OF OPERATION	19b COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTI	S, WERE FINDIN FYING CAUSES ES	
them 18 st	ICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A		YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
rked or h	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME ST	OF INJURY IREET, FACTORY OFFICE, F	ARM ETC)	211 LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
121 is mo		220.1 certify that (I) (this ho saw the deceased alive abave, (I) (we) (did) (did	on	19	, as	nd that in (my) (aur) opinion o	, to death occurred on the d	ote and ha	-	that (I) (we) last causes stated
RTANT: If Hear		22M. PHYSICIAN'S NAME:		with 1	110	22e ADDRESS	MEDICAL STA	IAN 🗌		iber 27, AS
IMPORT		HI J			MD	310 West Nin		Fred	erick, h	Md. 21701
_		BURIAL, CREMATION, REMOV. SPECIFY) Burial		30, 1987 M	ount (emetery or crematory Olivet Cemeter	73d LOCATION CITY OF TOWN Frederic	k	Frederi	ck, Mď.
OM 7/84 , 4}	24. FI	JNERAL DIRECTOS mith, NAME D6 East Church	Keeney Street.	& Basford Frederic	Fune:	. 21701 250 DATE	T 0 1 1987		TRAR'S SIGNAT	

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September 27, 1957 Line	1,000	4-11301		***	
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Sall grome Avenue. Sall grome Avenue. Herschpar, Preserick, Ed. 2140	Jackson Comments	1961-11 21-11-3019	500	المستر و	

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100 mast Church Orrest, Protection, pd. 21702

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Rempletely filled in by

	FOR		
-	STATE		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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(in		,		- 0.	

1	- STATE REGISTRAR				CERTIF	CATE OF DEATH	REG. N	0			
Pod	DECEASED NAME	FIRST		WIDDLE	14	151	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
1 83	3P87 RINT)	ROBERT	LE	SLIE	HOD	GDON		9	15	87	9:40 AX
3. 3	MALE		4 RACE CAUCAS	SIAN	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)	MON1HS	R I YEAR DAYS	IF UNDER 24 HRS HOURS MIN.
	BIRTHPLACE (STA		U.S.		WIDOWE		9 BALTIMORE CITY OF FREDERI	CK.			MD
4	FREDERIC	CK	FREDER	ICK MEMOR	ADDRESS)	ROTHER INSTITUTION OSPITAL	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C RET. GOV T	F WORKING	LIFE) IND	KIND O USTRY	F BUSINESS OR
5 13	MARYLANI	136 COU		13c CITY OR TOW WALKERS	'N I	13d INSIDE CITY LIMITS? YES NO THER'S MAIDEN NA	8510 ADVEN			/ 2	1793
6	FATHER'S NAME FIRST CHARI		W.	HODGDO		HELEN	EMMA			LIN	DSEY
160	(YES NO OR UNKNOW		RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECU		MRS. JOAN A.	HODGDON	85.	LKERS	SVIL	TURE CT. LE, MD.
2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		immediate stating the cause last.	(c)CONDITIONS_CO		DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	20a AUTOPSY?	20b. IF Y	ES, WERE	FINDIN	GS USED OF DEATH?
9	00.000.000.000.000	CAUSE OF DE	ATH HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJU		YES D	PART 2)	NO [
ME	ANUILE V	OT WHILE AT WORK	21e PLACE (AT HOME STI	OF INJURY REET FACTORY, OFFICE F	FARM ETC)	211. LOCATION STREET	CITY OF TO)WN	co	UNTY	STATE
	saw the de abave ((1))	eceosed alive or we) (did) (did no	at) view the bady		17 an	d that in (my) (our) apınıan	death accurred on the d	ate and h		ram the	
	226. SIGNATUR	12	an		RN		MEDICAL STA	FF CIAN []	22	GI	SIGNED 5/87
1	Jeffre	Y N.	COWEL	^		220 ADDRESS 4 W. 711 ST	Frede	211	1 17	10	
23	BURIAL, CREMAT	ON, REMOVA	23b. DATE 9/19/			en memorial	23d LOCATION CITY OF TOWN FREDERIC		FREDI		
4	ROBERT E.	E. X 0	Eles II	WDDKE33		. MARKET 250 SE	P28 1987	196 SEC	Davids	SIGN	WELL .

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physicion and E should be detached far use as the buriol-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or remaval.

retained by the hospital or attending physician.

BP.

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PARTOR LA NAME AND A COLUMN 1991

2EP 28 1987

66884	SEP 2	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEVE 7 2 6 7 PREGISTRAR CERTIFICATE OF DEATH REG. NO REG.							
2 2 2		O REASED NAME FRST	gina Howard	20. DATE OF DEATH MONTH Sept. 17, 1987	DAY YEAR	3:00 a M			
ge 4 moy		3. SEX Female	White		DATE OF BIRTH	, 1898°	6. AGE (IN YEARS LAST BIRTHDAY) 89	MUNITES DAYS	IF UNDER 24 HRS HOURS MIN.
Jeonn. Pou	(3)	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Canada	** The CITIZEN OF WHAT COUNTRY? ** MARRIED NEVER MARRIED X WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED VIII. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (PROTING STREET ADDRESS) VIIIa St. Michael, Emmitsburg, Md.		MARRIED NEVER MARRIED		A DALTHAODE CITY OF COUNTY OF D		MD.
rs offer o	90	10 CITY OR TOWN OF DEATH Emmitsburg			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Teacher	LIFE INDUSTRY	of Char		
MARYLAND 2120 red within 24 hours mpletely filled in by	35	Md. Fr	DUNTY 130	RESIDENCE BEFORE ADA CITY OR TOWN mmitsburg	YES Y		333 S. Seton	Avenue	1727
MARYL ed within impletely	100	David Howard	WIDDIE	LAST		nn Brown	WE	LAST	1
ALTIMORE, be execut non ond co	medicol	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES)	GIVE WAR OR DATES!	. SOCIAL SECURITY 19–50–707			e-Villa St. Mic	hael, Em	mitsburg
201 W. PRESTON ST., BALTI	criol, cremption, or removal.	Conditions, if ony, which gove rise to immediate couse to, stating the underlying couse lost	DIATE CAUSE (o) DUE TO, OR AS (b) DUE TO, OR AS	A CONSEQUENCE	Ce of		mulo, Dissession of the condition of	y.	MATE INTERVAL
RDS	ul fo	NO							

196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES [216. TIME OF INJURY MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE NOT WHILE and that in (ny) (our) opinion death occurred on the date and hour and from the causes stated

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Morningstar, M.D.

23c NAME OF CEMETERY OR CREMATORY

St. Joseph's

22e ADDRESS

DEGREE

23d LOCATION Emmitsburg,

22c DATE SIGNED

17 Sept 87

Burial 24 FUNERAL DIRECTOR

Skiles Funeral Home, Emmitsburg, MD 21727

18 Sept 87

S. Seton Ave., Emmitsburg, MD 21727

ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL PHYSICIAN

1. C. -, inthe inf. 100 8 8 100

Sept. 17, 1977 (13:00:

333 i Meton Avenue -- --

recorder

1		1 -	STATE REGISTRAR	1101110		CERTIF	ICATE OF DEATH	REG. N	10).	1 1	
061	5,3,2 oct	1 DE	CEASED NAME FIRST Lucy		Stup		CELLY	Septembe	r 21	, 1987	26 HOUR /010 A
-13	ge 4 moy	3 SE)	Female	White		S. DATE O	- DAY - O YEAR	6. AGE TINYEARS LAST BE	YRS	MONTHS DATS	IF UNDER 74 HRS
0	eoth To	Maryland 10 CITY OR TOWN OF DEATH Brunswick		76 CITIZEN OF WHAT COUNTRY? U.S.A.		MARRIED NEVER MARRIED NO DIVORCED D		BALTIMORE CITY OR COUNTY OF DEATH Frederick County			MD.
10	by the fi			11. NAME OF HOSPITAL, NURSING HOME OR 15. IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 52 Concord Drive			OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO HOME MAKE T				
AND 212	fuled in rould be must be	13a. S	al residence (if nursing home state 136 CO) aryland Fre		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Brunswi	٧	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 52 Conco	zip coi	r. 217:	16
MARYL	and standard of the standard o		cher's NAME cherles	Willia	m Kell:	TUP	Annie	Elizab		Stock	
IMORE,	or executional properties of the control of the con	16a V	VAS DECEASED EVER IN U.S. A	ARMED FORCES? GIVE WAR OR DATES)	219-46		17. INFORMANT Rodn Church Rd	ey R. Kel	iek,		
T., BALT	moval		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only ane couse per SED BY: ATE CAUSE (a)	line far (a), (b), one Leut	1	here			BETWEEN	ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	by the attendates received the state of the attendation, and other traumants		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost.	(b)	R AS A CONSEQUE	1-	INSUFFICIE	9			
7DS, 201	signed Then plea to buriol njury, or	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG ALTRIO SCLVITIC CARDIO VAS CULA disease								
I RECOF	The low relicion. te hos been sit permit. Irgiene prior shows ony it	CERTIFICATION	190 DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDII IFYING CAUSES YES [
OF VITA	SICIAN: TI ng physicia certificate priol-fronsit entol Hygi frem 18 sh		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	JEANN THE PROPERTY OF THE PROP	DE INJURY M. MONTH DA M.	Y YEAR	21c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJ	URY IN ITEM TE	PART I OR PART 2)	3 4
IVISION	ottending ter this c is the bur h and Me	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME ST	OF INJURY REET FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	(TENDIN ipitol or CTOR. Af for use o of Heolil		22a.l certify that (I) (this hose saw the deceased alive above, (I) (we) (did) (did	on Jepter	Ve 4 19	F7)	nd that in (my) (corr apiniar	death occurred in the	date and he	. 19 <u>87</u> our and from the	that (It (ve) last couses stated
	ITAL OR A by the hos RAL DIREC detoched fote Dept.		276. SIGNATURE) 276. PHYSICIAN'S NAME (TYPE)	1. 5-	mt ()	1	ATTENDING PHYSICIAN 27e ADDRESS	MEDICAL ST.	AFF ICIAN 🗌	220 DATE	3 SIGNED
	TO HOSPI etained b TO FUNE should be with the S	-	Dr. George	I. Smi		MD	300 West 9	th St., Fr	eder	ick, M	aryland
	BP		BURIAL, CREMATION, REMOVE (SPECIFY) Burial	Sept.	24,1987	Mt.	Olivet Ceme	tery Fred	eric	k Fred	erick M
(OHMH - 16 60M 7/84 (VRA 15, 4)	Si	uneral director mith Keeney 06 E. Church	Basford St., F	rederic	uner k, M	al Mome SE aryland	P REZ D8 1987 RA	13300	ALL LEGGE AND LAND	

Item 14, Film G632 10-16-87 dw STATE OF MARYLAND

per funeral home DEPARTMENT OF HEALTH AND MENTAL TYGIENE

06/532 CH -297 THEFE Y. SEND Bontember 21, 121 redmedroff e combination in the reband veril (ICHAMSTRO) ovide incorpor Se 10; september Morgiand Frederick Trunswick x 52 Concord Dr. 21716 Unerles William Wells Ande alizabeth Studium 12. Hodney H. Kellis, 4514 inuty --- 219-16-1120 ugill inuty The Boorde I. Smith, Jr. Ho 300 west 9th St. Frederick, Maryland Sunded Sunda Select Venders series at 1816 As doub Indust. hairs Econer Susfers '.A. Turner lose val a 1001 comenda 100 a. sauron St., cranenta, laryland

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 28	RECEIRAR		CERTIFICATE OF DE	ATH	REG. NO.		13	
	OR PRINT) Doris	Cleopatro	e Kirklan	20.0	Septem &	our 17,1		9125pm
3 SE	Female (White	June 1, DAY	28 ^{EAR}	GE (IN YEARS LAST BIRTH	YRS.	DAYS	IF UNDER 24 HRS
	RTHPLACE (STATE OR FOREIGN 76 FLOrdia	U.S.A.	MARRIED NEVER MA	ARRIED 9 BA	Frederi	county of DE		MD.
	Frederick	1. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AL Frederick Memo		LTST	USUAL OCCUPATION OF THE PROPERTY OF THE PROPER	WORKING LIFET INT	DUSTRY	BUSINESS OR
130. 3			YES X	10 12	STREET ADDRESS / 200 Anyste	ZIP CODE	21701	
11	Clarence Q.	Goodrich	15. MOTHER'S	WAIDEN NAME	Mae	Unl	nown	
	VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE V NO NONE	WAR OR DATES		F. Kirk		Aynstey	Ct.	1701
TION	Colon	DUE TO, OR AS A CONSCOUER (b) DUE TO, OR AS A CONSCOUER (c) DODUITIONS CONTRIBUTING TO D	NCE OF TOTAL POT RELATED TO CLOSULET	Losia	Seprisi J. Advan DISEASE OR COND			2011050
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH (OPERATION WAS PERFOR		YES NO NO		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO	
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED WHILE NOT WHILE ALWORE	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE FA	Y YEAR 19 21f LOCATIO		ENTER NATURE OF INJURY CITY OR TOW			STATE
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FA	19 211 LOCATION STREET	. 19 87	to	7	19.8	COUNTY 19 87. th

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

DEGREE

ATTENDING

22e ADDRESS

MEDICAL

230 BURIAL, CREMATION, REMOVAL

ATTHUR G. MANAG. A.O.

23c. NAME OF CEMETERY OR CREMATORY 21, 1987 Evergreen Cemetery

Jacksonville, Duvall, Flordia

Smith, Reeney and Basford Runeral Home 106 East Church Street, Frederick, Md.

250 DATE REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE SEP 2 3 1987 Julia Dender Rudies

STAFF PHYSICIAN

DHMH - 16 60M 7/B4 (VRA 15, 4)

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11., 07.01	.2001 Auguston	_	(change	Xe Nobest 4	braines!
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Page 4 may be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6

1.	FOR STATE REGISTRAR		DEPARIM		TH AND MENTAL Y		2 2		
I. DE	CEASO NATE FIRST		MIDDLE	LAST		REG.	MONTH	DAY YEAR	75 HOUR
TYPE	FRANK	Q-	ALTAMAN	Va	09511 50	0 1	_	1987	7:00 F
3. SE		BENJAMIN K		5. DATE OF BIF	erell Sr	AGE IN YEARS LAST E			
d	Male	T. NACE	W.hite	MONTH	8, DAY 1898 YEAR	89	YRS	MONTHS DAYS	HOURS M
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIED K	NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
	Maryland	U.S.A.		WIDOWED DIVORCED		Freder	ounty,	nty,	
F	rederick	Freder	HOSPITAL, NURSIN HEACILITY, GIVE STREET I LCK Memor	tal Hos		120 USUAL OCCUPA (TYPE OF WORK FOR MOST Machinest		12b KIND (INDUSTRY Manafac	turing
13a.S		erick	13c. CITY OR TOWN	ck 13d	INSIDE CITY LIMITS?	13s STREET ADDRESS 5720 Korre	ell R	oe Fre	derick
14. F	ATHER'S NAME FIRST John	MIDDLE A.	Korrell	15. /	MOTHER'S MAIDEN NA Cornel	MIDDLE		Buri	ier 2
16a V	WAS DECEASED EVER IN U.S. AR (1878, NOOR UNKNOWN) (1878, GIV NO	E WAR OR DATES)							Lane
	18 CAUSE OF DEATH (Enter or	lly one couse per	line for (a), (b), and	d (cu)			# Kalaka)	- Colores	MATE INTERVAL ONSET AND DEA
	PART I. DEATH WAS CAUSE	D BY:	scorte Bourd abdention					3	1000
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying stating that	DUE TO, O	R AS A CONSEQUE						
NO	Conditions, if ony, which gove rise to immediate	DUE TO, O (b) DUE TO, O (c)	r as a conseque	NCE OF	I RELATED TO THE TER	MINAL DISEASE OR CO	NDITION G	GIVEN IN PART 1	0
TIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO	r as a conseque	nce of D <u>eath</u> but not		20a AUTOPSY?	20b. IF Y	ES, WERE FINDI	NGS USED OF DEATH?
CAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 196 COND 196 COND 196 COND 196 COND 197 COND 198 COND 198 COND 198 COND	R AS A CONSEQUE DITTON FOR WHICH OF INJURY M. MONTH DA	NCE OF DEATH BUT NOT OPERATION W.	AS PERFORMED	20a AUTOPSY?	20b. IF Y	ES, WERE FINDI TIFYING CAUSES YES []	NGS USED
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER 21d, INJURY OCCURRED	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 196 COND 216 TIME O HOUR A. 216 PLACE	R AS A CONSEQUE DITRIBUTING TO D ITION FOR WHICH OF INJURY M. MONTH DA M.	OPERATION W. Y YEAR 19 211	AS PERFORMED	200 AUTOPSY?	20b, IF Y IN CERT	ES, WERE FINDI TIFYING CAUSES YES []	NGS USED OF DEATH?
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINES 21d, INJURY OCCURRED WHILE OF OPERATION 22a, I certify that II this hospi	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 19b COND 19b COND 21b TIME O HOUR A. P. 21e PLACE (AT HOME, STR	R AS A CONSEQUE ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FACTORY, OFF	OPERATION W. Y YEAR 19 211 ARM ETC.)	AS PERFORMED THOM INJURY OCCUI LOCATION STREET	200 AUTOPSY? YES NO RRED (ENTER NATURE OF IN.	20b. IF Y IN CERT	VES, WERE FINDI TIFYING CAUSES YES B PART 1 OR PART 21 COUNTY	NGS USED OF DEATH? NO STATE
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER ALSE) 21d. INJURY OCCURRED WHILE OF OTHER NOTIFY MEDICAL EXAMINER OF THE OTHER NOTIFY MEDICAL EXAMINER OF THE OTHER OT	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 19b COND 21b. TIME O HOUR A. P. 21c PLACE (AT HOME, STE tol) ottended th	R AS A CONSEQUE ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FACTORY, OFF	OPERATION W. Y YEAR 19 211 ARM ETC.)	AS PERFORMED I. HOW INJURY OCCUP LOCATION STREET J. 19 Dat in (my) (our) opinion REE	YES NO RED (ENTER NATURE OF IN.	20b. IF Y IN CERT	VES, WERE FINDI TIFYING CAUSES YES B PART 1 OR PART 21 COUNTY	NGS USED OF DEATH? NO STATE
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (COUNTY) 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING COUNTRIBUTING CAUSE OF DEAL OF CONTRIBUTING CAUSE OF DEAL OF COUNTY COU	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 196 COND 196 COND 216. TIME O HOUR A. P. 216. PLACE (AT HOME, STE tol) ottended th	R AS A CONSEQUE DITRIBUTING TO D ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA e deceased from office decide.	OPERATION W. AY YEAR 19 211 arm etc.) DEGI	AS PERFORMED LOCATION STREET 19 Lot in (my) (our) opinion REE ATTENDING PHYSICIAN ADDRESS	YES NO RRED (ENTER NATURE OF IN.	20b. IF Y IN CERT	COUNTY COUNTY 22c. DATE	NGS USED SOF DEATH? NO state that (II) we) couses stoted

DHMH - 16 60M 7/8 (VRA 15, 4)

106 East Church Street, Frederick,

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die nie Po. 1, 1898 Bergiand U.S.S. Pergiand U.S.S. Pergiand U.S.S. Pergiand Pederick County, rederick County Coun

10: Para Church treet, Frederick, M. 21:01

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENS
CERTIFICATE OF DEATH

2 6 8 REG. NO.

JL.	VI.				KEG. 140.	
I	DECEASED NAME	FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
L	I	aniel St	naddinger I	ANDES	September 30	, 1987 4:00 A
3	3. SEX	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
I	Male	White	Sept	Ember 6, 1893	94 YRS	
17	O. BIRTHPLACE (STATE ORF	OREIGN 76. CITIZEN OF	WHAT COUNTRY?	ED NEVER MARRIED	BALTIMORE CITY OR COUN	ITY OF DEATH
	Pennsyl vani		WIDOW	VED TO DIVORCED	Frederick C	MU.
1	Frederick		HOSPITAL, NURSING HOME CHEACHTY, GIVE STREET ADDRESS! CHETTEMENT	center institution	120 USUAL OCCUPATION THE OF WORK FOR MOST OF WORKING Dairy Farmer	IZE KIND OF BUSINESS OR INDUSTRY FARMING
	USUAL RESIDENCE (IF NURS 130. STATE Maryland	13b. COUNTY Frederick	GIVE RESIDENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS Jeff	erson St., 21701
	4 FATHER'S NAME Abrahan	MIDDLE	Landes	15. MOTHER'S MAIDEN NA		Shaddinger
1	(YES, NO OR WINDOWN)	IN U.S. ARMED FORCES?	214-28-2478	W. Meredith	Da l'Ouriga	chley Avenue erick Md 21701 **PPFOXWAIT INTERVAL **ENTRY LAND DE ATM **ENTRY LAND DE ATM
	PART 2 OTHER SIGN PART 2 OTHER SIGN 190, DATE OF OPERAL 210, ACCIDENT WAS UND	g the DUETO, C lost. (c) HIFICANT CONDITIONS C				GIVEN IN PART 110. YES, WERE FINDINGS USED THEYING CAUSES OF DEATH?
ļ	#			1	YES NO	YES NO
		AUSE OF DEATH HOUR A	.M. MONTH DAY YEAR .M. 19	S IS HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	JS PART 1 OR PART 2}
l	4 (IF EITHER NOTIFY MEDICAL PROPERTY OF COURT OF WHILE NOT WHAT WORK NOT WHAT WORK NOT WHAT WORK NOT WHAT WORK NOT WORK NOT WHAT WORK NOT WORK NOT WHAT WORK NOT	RED 21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	saw the decease	the hospital) offended to	19	and that in (my) (aut opinion	death accurred on the date and h	, 19, that (trible) last hour and from the causes stated
	226. SIGNATURE	uti Pa	-17		MEDICAL STAFF DIRECTOR PHYSICIAN	271. DATE SIGNED
	Dr. A. A	ustin Pearr	, Gr., M.D.	310 West N	inth Street, Fr	ederick, Md. 2170
F	230 BURIAL, CREMATION,	REMOVAL 23b. DATE	Tes	CEMETERY OR CREMATORY	1234 LOCATION	

Md.

UCT 06

REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/81 (VRA 15, 4) 24 FUNERALDURE TO THE SMITH, Reeney and Basford The 106 East Church Street, Frederick,

BP

068107 01-967 Landol Tief to the Section of the Company of the Co Me Seal , which is a seal of the 9.5 remaylvanie I.E.A. : Erederick County, Frederick longwood whirement leaves Unity Parson Variance Maryland Frederick rederick X South Affermon St., 22VOL redult notes No | None 211-28-2178 w. Heredith S. Young, 109 Ently Comme.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

1. DECEASED NAME (1YPE OR PRINT)	HARRY		LLIAM		GORE, JR.	20 DATE OF DEATH	09/21/87	26 HOUR 9:10AM
3. SEX MALE		4. RACE WHIT	E	S. DATE O	F BIRTH 1/30°∕*32 YEAR	6 AGE (IN YEARS LAST B 54	YRS.	DAYS HOURS MIN.
70. BIRTHPLACE (STA	VD U	U.S.		WIDOWEL		9 BALTIMORE CITY FREDERI	OR COUNTY OF DEAT	T H
FREDERIO					ROTHER INSTITUTION HOSPITAL	120 USUAL OCCUPA		EME CO.
MD TE			GIVE RESIDENCE BEFO		13d HADE CITY LIMITS?		OBSBORO PIL	KE 21757
HARRY	WILLIAM	TEGORE	, SR LAST		15 MOTHER'S MAIDEN NA EMMA RAI			LAST
YES NO OR UNKNOW	EVER IN U.S. AR	MED FORCES? E WAR OR DATES) -58	166. SOCIAL SEC 216–30–3		CAROL K. LI	EGORE		DSBORO PIK
Conditions, if gove rise to couse (a), underlying PART 2 OTHER 19a DATE OF O	immediate stating the cause last.	DUE TO, OF		JENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CO	206 IF YES, WERE F	INDINGS USED
OR CONTRIBUTING (IF EITHER NOTIF 21d. INJURY OC	AS UNDERLYING CAUSE OF DEAY MEDICAL EXAMINER CURRED TOT WHILE AT WORK	HOUR A.	м. монтн (м.	19	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN		
220.1 certify the saw the dobove (1) 27b. SIGNATUS	at (1) (this haspi ceased slive on we idid Lidid no	or PRINT)	Le cor	87. on	d that in my our) opinion DEGREE ATTENDING PHYSICIAN	MEDICAL ST	AFF 22c	Z, that (we) last m the causes stated DATE SIGNED
	G 5	120,09	c 67		4wz	56 52	crath	50
230. BURIAL, CREMAT	ION, REMOVAL	23b. DATE		NAME OF CI	EMETERY OR CREMATORY OPE CEMETERY	1234 LOCATION	OSBORO, MDUNTY	5C STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

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ral director, page 3 72 hours after death DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR, A should be detoched for use with the State Dept, of Hea IMPORTANT, If Ihrm 21 TO HOSPITAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BY GIENE CERTIFICATE OF DEATH

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6 6 0 2 SEP 18 87 REGISTRAR CERTIFICATE OF DEATH	
1. DECEASED NAME FIRST MIDDLE LAST TO DATE OF DEATH MONTH DAY YEAR OPENINT) AND ELIZABETH LONG OPENINT OPENINT OF DEATH MONTH DAY YEAR OPENINT OPENINT OF DISTRIBUTION OF DEATH MONTH DAY YEAR OPENINT OF DISTRIBUTION OF DISTRIBUTION OF DEATH MONTH DAY YEAR OPENINT OF DISTRIBUTION OF DEATH MONTH DAY YEAR OPENINT OF DISTRIBUTION OF DEATH MONTH DAY YEAR OPENINT OF DEATH DAY OF DEATH MONTH DAY YEAR OPENINT OF DEATH DAY OF DEATH D	26 HOUR
3. SEX FEMALE 4. RACE WHITE 5. DATE OF BIRTH MOTO/049420 YEAR 6. AGE (IN YEARS LAST BRITHDAY) MONTHS DAYS VRS	HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN U.S.A. 7 CITIZEN OF WHAT COUNTRY? 8 MARRIED WINDOWED OF BEATH PREDERICK FREDERICK	MD.
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION FREDERICK 12. USUAL OCCUPATION 12. KIND OF FREDERICK 12. WISHON OF WORKING LIFE INSURANCE OF INSURA	BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 134 FREDERICK 134 FREDERICK 134 FREDERICK 134 FREDERICK 134 FREDERICK 134 FREDERICK 135 FREES ADDRESS BENEGODE RD.	21762
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13 MD ATE 13 MD ATE 13 MD ATE 13 FREDERICK 13 LTBERTYTOWN 13 MT FATHER'S NAME GEORGE JACOB DAVIS LAST BESSIE STRAWSBAUGH LAST	
The was deceased ever in u.s. armed forces? 166 Social Security No. 17 Informant Address 12306 COPPERM 1000 OR UNKNOWN) (IFYENONE'R OR DATES) 220–82–4274 BETTY J. BELL 12306 COPPERM	INE RD.
DUE TO, OR AS A CONSEQUENCE OF underlying cause is stating the underlying cause last.	NATE INTERVAL NSET AND DEATH
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19th Date of Operation 19th Condition for which operation was performed 20th autopsy? 20th If yes, were finding in Certifying Causes (1) Yes 1 NO Yes 1	GS USED
216. ACCIDENT WAS UNDERLYING OF CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 216. ACCIDENT WAS UNDERLYING OF CAUSE OF DEATH OR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) 217. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) 218. THE OFFICE OF INJURY IN ITEM 18 PART LOR PART 2) 219. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 219. STREET (IN INJURY IN ITEM 18 PART LOR PART 2) 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2)	STATE
220 I certify that (I) (this haspital) attended the deceased fram sow the deceased alive an above, (I) (we) (did) (did nat) view the bady after death. DEGREE ATTENDING MEDICAL STAFF	
22d. PHYSICIAN'S NAME (IVE OFFRINT) COPPER F. AND COPPER MINE KV, WOOD LAVE N	18 21 798
BP 230 BURIAL, CREMATION, REMOVAL 23b DATE O9/16/87 RESTHAVEN MEMORIAL GARD CHYNROWN FREDERICK FRI	

DHMH - 16 60M 7/B4 (VRA 15, 4)

DAME D. HARTZLER

LIBERTYTOWN, MD

6077 SEP 1	318	FOR STATE REGISTRAR	DE	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	BIENE REG.	6 4 8	7
		CEASED NAME FIRST	MIDDLE	1	AST	20 DATE OF DEATH		R 12b. HOUR
nay be poge 3	TYPE	COSTANT	TINO A.	MAR	INARO	Sept. 12	2,1987	6:20Pm
4 ma)	3. SE		4. RACE	5. DATE C	OF BIRTH	6 AGE IN YEARS LAST E	BIRTHDAY) IF UNDER 1 YE MONTHS DA	
oge recto	Mc		Caucasian	March	1 30, 1915	72	YRS	
P. P		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	1
deot deot		rypt	USA	WIDOWE		Frederi		ME
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	VE STREET ADDRESS)		120 USUAL OCCUPA (TYPE OF WORK FOR MOST		D OF BUSINESS OR RY
file by		ederick /	Frederick Me		rspital.	Mechanic	Auto	mobile
in 24 ho liv filled in thould be	130. S	THER'S NAME	gomery Silve		13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA	13e.STREET ADDRESS 10211 DOU	s/zip code Iglas Avenue	20902
1 18 47		Domenico	Marin		Juditta	WIDDLE	Cal	enti
in it is		VAS DECEASED EVER IN U.S. AR		AL SECURITY NO.	17. INFORMANT	Son ADD	RESP2217 Cand	le light
	1	No		54-0641	Domenic G. M.	arinaro Fo	art Washingt	on Md. 207
equires that the signed by the Then please rem to burial, crem njury, or ather t	NO	gave rise to immediate cause (a), stofing the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A COM			MINAL DISEASE OR CO	INDITION GIVEN IN PART	Tha
on. hos beer t permit. ene prior	CERTIFICATION	198. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAUS YES T	
SICIAN: The physician physician certificate entol-transit from 18 physicians physicians and the physicians are physicians and the physicians physicians are physicians and physicians are physicians and physicians are physicians are physicians and physicians are		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MON	TH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PART OR PART	2)
offending of the bulk of the b	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY,	OFFICE, FARM ETC)	21f LOCATION STREET	CITY OR	TOWN COUNTY	STATE
ATTENDIII ospital or ECTOR A d for use d. of Healt		270. Learnify that (1) (this hospit sow the deceased alive on above (1)(we) (did) (did har 276. SIGNATURE	attended the deceased	19 5 7, at			dote and hour and from t	
ITAL OR AT by the hosp by the hosp RRAL DIRECT e detoched f state Dept. o		220. SIGNATURE	24.	v	DEGREE ATTENDING PHYSICIAN		AFF SICIAN 9	112/87
TO HOSPITAL (TO FUNERAL I Should be deto with the State [IMPORTANT: If		P6 5	Rausch	49	4 west		Fred	eric 4
ВР	E	BURIAL, CREMATION, REMOVAL SPECIFY) BUTIAL	Sept. 15, 198	7 Gate 01	Heaven	23d LOCATION CITY OR TOWN SILVET S	Spring Montge	omery Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR Franci O University Bl			Md. 20901	HE REC'TO-BY REGISIRA	AR 256 REGISTRAR'S SIGN	- Kandaes

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE

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		REGISTRAR				CERTIF	ICATEU	FDEATH		RE	G. NO.	1		8	
1	nog	ASED NAME	FIRST	A	MIDDLE	L	AST		20	DATE OF DEAT	нтиом Н	DAY	YEAR	2h HOUR	2
1		- PRINTS	Ruth	(3.	May	ne			Septem	ber 18	3, 19	387		М
	3. SEX	K		4. RACE		5. DATE C			6.	AGE (IN YEARS LA	ST BIRTHDAY)	IF UN	HS DAYS	IF UNDER 2	
		Female		White		May	4,04	1893		9	4 4	RS.	HS DAYS	HOURS	MIN.
-	70 BIF	RTHPLACE (STAT	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEV	ER MARRIED X	91	BALTIMORE CI	TY OR COU	NTY OF	DEATH		
)	Mai	ryland		U.S.A.		WIDOWE		DIVORCED [Freder	ick Co	unty	y,		MD.
)	Fre	TY OR TOWN OF ederick		Home 3	HOSPITAL, NURSIN HEACHITY, GIVE STREET FOR THE A	ged appressi	OR OTHER	NSTITUTION	(1	USUAL OCCU TYPE OF WORK FOR M Houseke	OST OF WORKI		26 KIND O NDUSTRY	Home	
7	130. S Ma	aryland	13b COU		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Frederi	N	YESX	NO [STREET ADDR	ess/zipc	ooe treet	t, 21	701	
	14 FA	ROY		H.	Mayne			er's MAIDEN I	NAME	MIDE	DIE		Kel.		
	16e. W	VAS DECEASED E			166. SOCIAL SECU		17. INFOR	TAAM		A	DDRESS				
		NO OR UNKNOWN	No	NE WAR OR DATES)	219-03-0	825	Home	for th	he A	ged, Fr	ederic	k, N		and 2	170:
		Conditions, if gave rise to couse (a), s	ony, which	DUE TO, O	R AS A CONSEQUI	Ties	cl	rasi	N	corder	ut		1 m	uk 'ears	11
2	CERTIFICATION	PART 2 OTHER			ONTRIBUTING TO					AL DISEASE OR			N PART I		
)	TIFIC									YES NO		RTIFYING	G CAUSES	OF DEATH	
2	MEDICAL CER	210. ACCIDENT WA OR CONTRIBUTING (IF EITHER NOTIFY	CAUSE OF DE	P.	M. MONTH D.	AY YEAR			CURRED	(ENTER NATURE O	F INJURY IN ITEA	18 PART :	OR PART 2)		
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		276. SIGNATURE	e Kr	y TE	anis	, 2	122e ADD	ATTENDING PHYSICIAN	G 7 0	MEDICAL DIRECTOR PH	STAFF TYSICIAN]	22c DATE	SIGNED	
		LeRo	y T. Da	vis, M.I		/	801	Tollho		Avenue		leric	k, Mo	1. 21	701
	(BURIAL, CREMATI (SPECIFY) Bur	ial	Sep. 22	2,1987 Lu	thera	n Cem			23d LOCATION CITY OF TON	town 1	rede	erick		ATE .
					and Basf Frederic				EP :	2 5 1987	TRAR 25b RE	JISTRAR	'S SIGNAT	URE	
								_			_				

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carbon papewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal MPORTANT: If Hem 21 is morked of Hem 18 shows ony injury, or other troumotic event,

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FOR

STATE
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL PYGIENE **CERTIFICATE OF DEATH**

I and S NAME FIRST JOSE Ph ECEASED EVE OR UNKNOWN) AUSE OF DEA ART I. DEATH ditions, if on e rise to in	REFOREIGN 7b. 11. RESING HOME OR OTH 13b COUNTY Frede MIDE REIN U.S. ARMEE (IF YES GIVE W. None TH lEnter only of WAS CAUSED B IMMEDIATE C. 11. Ty, which needicte	NAME OF H 1241 SUC PER INSTITUTION OF PRICES? AR OR DATES) The course per I'Y: CAUSE (a)	VHAT COUNTRY? A. OSPITAL, NURSIN HACHITY BY SIVE RESIDENCE BEFOR 113c. CITYOR 10W LAST Redna 16b. SOCIAL SECU	MARRIED WIDOWED NG HOME OR ADDRESS) E ADMISSION) WE DUTE OND GETT GETT MEDICAL MEDICAL	NEVER A OTHER INST 134. INSIDE C YES 15. MOTHER:	ITY LIMITS? NO D MAIDEN NAMERST FILOTEN	niddle 12k18D	OR COUNT CK COI TION OF WORKING TO THE COI RESS WATNE	Dead, 2	O OF BUSIN	MD. ESS OR
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ACCIDENT WAS U ONTRIBUTING E TITHER NOTIFY ME	CAUSE OF DEATH	21b. TIME OF HOUR A.M P.M	M. MONTH D	AY YEAR	21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART	2)	
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ow the deced	sed olive on		19		I that in (my)	(our) opinion o	death occurred on the	date and h	our and from		
SIGNATURY	W (ON	offer death.	D	,				22c DA	TE SIGNED	5/8
	*		n, M.D.		- 1		ve., Frede	riek,	Md. 23	1701	1
1	PERCHI U .	22h DATE				Cemeter				, Md.	STATE
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DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove carbingth the State Dept. of Health and Mental Hygiene priar to burial, cremation, are IMPORTANT; If Item 21 is marked or Item 18 shows any injury, ar other traumatic

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL WYGIENE

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• • •	000 00.	-	CEASED NAME	FIRST		MIDDLE		IZASI	2a DATE OF DE	EG. NO.	DAY YEAR	2h HOUR
	e m£		OR PRINT)			7		1-10-0	24 DATE OF DE	00	27 87	2155
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	neral direc		RTHPLACE (STATEORF	OREIGN		WHAT COUNTRY	MARRIE WIDOW	NEVER MARRIED DIVORCED	9 BALTIMORE G	erick C		MD.
5	offer d	1.0	TY OR TOWN OF DEA rederick	тн	11. NAME OF LIENOT IN SUC	HOSPITAL, NURSI CHEACHITY, GIVE STREE PICK MEM	NG HOME	Hospital	12a USUAL OCC	UPATION Profess	GLIFE) 126 KIND (INDUSTRY OF COL	OF BUSINESS OR
VD 2120	24 hours uld hours kin hourst kin hours	13a S	AL RESIDENCE (IF NURS TATE Maryland	136 COUL			RE ADMISSION)	134 INSIDE CITY LIMITS?	13. SIPEET ADD	RESS / ZIP CC	ck Stree	et, 21701
IARYLA	ompletely ond 2 sho	_	THER'S NAME FIRST Georg		WIDDLE	LAST	eyer	15 MOTHER'S MAIDEN NA FIRST Mamie		IDDLE	Fr	LST
BALTIMORE, MARYLAND 2120	n ond com Poges 1 a	16a V	VAS DECEASED EVER	IN U.S. AF		166 SOCIAL SEC 087-09-3	URITY NO.	17 INFORMANT Christopher A	. Meyer,	ADDA 12 4	9th Stre	eet, N.W. C. 20016
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	requires that the death ce in signed by the attending. Then please remove carb ir to burial, cremation, or ri injury, or other troumatic.	NOI	Conditions, if ony, gove rise to imm cause (a), stotin underlying cause	nediate ig the lost.	(b) DUE TO, C	PALLADER AS A CONSEQUENCE AS A CONSEQUENCE ON TRIBUTING TO	JENCE OF	T NOT RELATED TO THE TERM	MIN AL DISEASE O			
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	ral OR A y the hos Ral DIREC detoched ore Dept.		226 SIGNATURE	24	Adler	n			MEDICAL DIRECTOR	STAFF PHYSICIAN	22c DATE 9/	E SIGNED
	co HOSPITAL TO FUNERAL should be det with the State		220, PHYSICIAN'S W	1	talur			1475 kg	ng a	1, 7	Lelerej	/ mel
	BP		BURIAL, CREMATION,	1	Sept.	29, 1987	Smit	emetery or crematory asburg Cremato	ry Smith	sburg,	Washing	ton, Md.
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(VRA 15, 4)

STATE OF MARYLAND

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AND 2	ily filled should be make	130. STATE Md.	136 COU	ed.	Frederi	čk	13d INSIDE CITY LIMITS? YES M NO	904 Car	roll Pkwy	21701
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BALTIMORE, MARYLAND 21201	re be executed comp refs. Poges I or the medical executed	16a WAS DECEASED (YES, NO OR UNKNO		RMED FORCES?	578-46-		Mrs. Silence	addr e Wilson Mi		derick, Md.
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ISION OF VITA	HYSICIA Iding ph is certifi buriol-ti Mentol or Item	OR CONTRIBUTION (IF EITHER NOT 21d INJURY C	WAS UNDERLYING [INC CAUSE OF DE IFY MEDICAL EXAMINE CCURRED NOT WHILE [HOUR A.	OF INJURY M. MONTH C M. OF INJURY REET, FACTORY OFFICE,	19	211 LOCATION STREET	RED (ENTER NATURE OF INJ		
Ald	DR ATTENDING by hospital or o DIRECTOR. After ched for use os Det. of Health them 21 is mort	220.1 certify	hat (I) (this hosp elecased alive a (we) (aid) (did n		e deceosed from	\$7.	DEGREE	death occurred on the c	224 0	T, that I (we) lost m the couses stated
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THE W. D. H. P. 나 보고 있었다. 그는데 그 전에 보고 있는데 모든 그 없는데 그 없는데 그 없는데 그 없는데 그리고 없는데 그 없는데 그리고 있다. TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in the sharing and the second for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 shauld be then the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

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- 16 60M 7/B (VRA 15, 4)

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LIAME	CEASED NAME FIRST	M	IDDLE	LA.	AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	TREVE		NMI)	MOLL	ESTON		SEI	2, 1	. 1987	12: 1
3. SEX		4. RACE		5. DATE O	FBIRTH		6. AGE (IN YEARS LAST BIE	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HR
	MALE	WHI	ΓE	DEC.	9,	1896	90	YRS	MONTHS DATS	HOURS MIN
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF V	HAT COUNTRY?	8 MAPPIEC	□ NEVER	MARRIED -	9 BALTIMORE CITY C	R COUNT	Y OF DEATH	
	PENNSYLVANIA	U.S.	Α.	WIDOWE		NORCED	FREDERICK	COUN	YTY	/
)0. CI	TY OR TOWN OF DEATH		OSPITAL, NURSIN		R OTHER INS	TITUTION	120 USUAL OCCUPAT			F BUSINESS (
	FREDERICK	MERIDIA	AN NURSIN	NG HOM	Œ		RETIRED			
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-		IPSHIRE	THREE CHU	JRCHS	YES 🗌	NO 🛚	RT. #1 BOX	30/3	36765	1.1.1
14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER	'S MAIDEN NA	ME MIDDLE		LAS	1
	WILLIAM	(NMI)	MOLLEST		081		CRAIG		LARI	SON
	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORM	ANT	13100 PICK		DR.	
	YES WW	I	208-05-4	1779	MARY	FRICK	GERMANTOWN		20874	
	18 CAUSE OF DEATH LEnter of PART 1. DEATH WAS CAUS	only one couse per l	ARDIAC	dicin					BETWEEN	MATE INTERVAL ONSET AND DEAT
	C 192 W 111	DUE TO, OR	AS A CONSEQUE	NCE OF	ARTE	BWSde	2017 CHEART	- Dic	1.00	
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	couse (a), stating the underlying couse last	DUE TO, OR	AS A CONSEQUE	NCE OF						
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Z	CEREBRAL CO.									
CATION	190 DATE OF OPERATION		ION FOR WHICH				200 AUTOPSY?	20b. IF YE	S, WERE FINDIN	JOS LISED
CERTIFIC									FYING CAUSES ES 🗍	
04	210. ACCIDENT WAS UNDERLYING		INJURY				YES NO	1	E3 []	OF DEATH?
G		HOUD AA		VE AD	21c. HOW 1	VJURY OCCUR	RED (ENTER NATURE OF INJU			OF DEATH?
	OR CONTRIBUTING CAUSE OF D	EAIN	A. MONTH DA	AY YEAR	21c HOW I	VJURY OCCUR				OF DEATH?
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	OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE AT WORK 220.1 certify that (1) (this has sow the deceased alive a obove, (1) (we) (did) (did 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE	P.M. PLACE C (AT HOME STREE PHOLE) of tended the stree phole) of tended the street phole is a street phole in the street phole	A. MONTH DA	ARM, ETC.)	211. LOCAT SIRE!	1998	CITY OR TO	ove and ha	COUNTY 19 7 , ur and from the 22c DATE	STATE that (I) (we) the couses stated SIGNED
	OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did 22b. SIGNATURE	P.M. PLACE C (AT HOME STREE PHOLE) of tended the stree phole) of tended the street phole is a street phole in the street phole	A. MONTH DA	ARM, ETC.)	211. LOCAT SIRE!	1998	CITY OR TO	ove and ha	COUNTY 19 7 , ur and from the 22c DATE	STATE that (I) (we) the couses stated SIGNED
WEDICAL 230. B	OR CONTRIBUTING CAUSE OF DE LE ETHER NOTHY MEDICAL EXAMINA 21d INJURY OCCURRED WHILE AT WORK AT WORK 220. I certify that (I) (this has sow the deceased alive a obave. (I) (w/s) (did) (did) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE	PINE PLACE C (AT HOME STREET POTTO) ottended the point of the body	A. MONTH DA	ARM, ETC)	211. LOCAT STREET	1998	CITY OR TO CITY O	ove and ha	COUNTY 19 7 ur and from the 22c DATE	STATE that (i) (weth couses stated SIGNED
WEDICAL 230. B	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK AT WORK Sow the deceosed alive cobove, (1) (we) (did) (did 122b. SIGNATURE AT WORK AT	PINE PLACE C (AT HOME STREET POTTO) ottended the point of the body	A. MONTH DA	ARM, ETC.)	211. LOCAT STREET	ATTENDING PHYSICIAN [SS]	CITY OR TO CITY OR TO CHARLES TA MEDICAL STA DIRECTOR PHYSI A V. TOED	OVEN IN ITEM 18	COUNTY 19 7 , ur and from the 22c DATE	STATE that (I) (we) the couses stated SIGNED
WEDICAL WEDICAL	OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this has saw the deceased alive a obove, (1) (we) (did) (did 22b. SIGNATURE 27d. PHYSICIAN'S NAME (TYPE	PIAN PLACE C (AT HOME STREET) PITCH ON STREET PITCH OF	A. MONTH DA	ARM. ETC.) ARM. ETC.) NAME OF CIE	211. LOCAT STREET TO THE STREE	ATTENDING PHYSICIAN ESS CREMATORY ERY	CITY OR TO A COLOR OF PHYSIC 233. LOCATION CITY OR TOWN	RY IN ITEM 18 Ote and ha	COUNTY 19 7 7. ur and from the 22c DATE A O 215 COUNTY EGHENY	STATE that (I) (well couses stated SIGNED

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AND DESCRIPTION OF THE PROPERTY OF THE PROPERT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2

28	POR BEGISTRAR				EALTH AND MENTAL HYGICATE OF DEATH	REG. NO	2. 0		
	ECEASED NAME FIRST	AN Ray	hue	M	ORGAN	20. DATE OF DEATH	9 _ 1	8-87	26. HOUR
1.5		4. RACE White	5	A MONTH	4, DA 1908 YEAR	6. AGE (IN YEARS LAST BIR		MONTHS DATS	IF UNDER 24 HRS
1	BIRTHELACE (1) ATE OR FOREIGN	76 CITIZEN OF WH			D NEVER MARRIED	9 BALTIMORE CITY OF Frederic			MD.
10.	Frederick		SPITAL, NURSING	HOME C	PROTHER INSTITUTION Hospital	120 USUAL OCCUPATI		126 KIND C	OF BUSINESS OR
5 THE	AL RESIDENCE IF NURSING FORE COL STATE Aryland MOD	TEOMETY	E RESIDENCE BEFORE AD CITY OF TOWN BEALLSVI	MISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS A	ZIP COD	lle Rd.	, 20839
0	John	MIDDLE	Morgan		15. MOTHER'S MAIDEN NAME FIRST E11a	MIDDLE		Wile	ST S
2	WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (18 YES, G	IVE WAR OR DATEST	SOCIAL SECURI 217-10-98		17. INFORMANT N	drs. Sandy Frede	föller rick,	baugh, Md. 2	1701
	PART I. DEATH WAS CAUS	inly ane cause per line ED BY: ATE CAUSE (a)	for (a), (b), and (NCE	HOGENIC CA	ACIHOMA			ONSET AND DEATH
NOI	gave rise to immediate cause (a), stating the underlying cause last	((0)	S A CONSEQUEN		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	VEN IN PART 1:	
7 2	Pa DATE OF OPERATION	196 CONDITIO	ON FOR WHICH O	PERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDI FYING CAUSES ES []	
CAL CERTI	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE CLUBER OF THE CAUS			YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED NOT WORK	21e PLACE OF (AT HOME STREET.	INJURY FACTORY, OFFICE, FAR	M ETC	21f LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
	saw the deceased alive a abave, (1) (mis-no-	0 4	19	1_, at	nd that in (my) (as) apinian o	, ta death accurred an the d	ate and ha	19 ur and from the	that (I) (ame) last e causes stated
	225 SIGNATURE	Min	W. A			MEDICAL STA	FF IAN 🗌	22c DATE	SIGNED
	Tames S.	Grisson	My	2	1475 Tane	md 21	oite 101	204	
230	. BURIAL, CREMATION, REMOVA	23b. DATE 9-22-1			emetery or crematory en Mem. Garden				
	FUNERAL DIRECTOR HILL.		& Basford	d Fi	ineral House	2 3 1987	Sh REGIS	IRAR'S SIGNA	TURE

DHMH - 16 60M 7/84

TO HOSPITAL

(VRA 15, 4)

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STATE OF MARYLAND

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John H. Jage Jr. ScopeDoyo Mirylana 21785 STR 4 6 ASE Vol All and John H.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYSIENS CERTIFICATE OF DEATH

7 2.26 SEF	30	FCB 971E REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HEAL CERTIFICATE OF DEATH		97
	1 DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO 120 DATE OF DEATH MONTH D	AY YEAR 2b HOUR
2.0		OR PRINT)			0	
0.6	3. SE	Joseph	Lawrenc	e OELE Is. date of Birth	SCOT. 20,19. 6 AGE (IN YEARS LAST BIRTHDAY)	87 3:15 PM
ade si	3. 3E	Male	White	Sept. 13, 1913	74 YRS "	O 7 HOURS MIN
52 DL			76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	,
2		Maryland	U.S.A.	WIDOWED DIVORCED	Frederick	
1/04	100	rederick	II. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVESTREET Frederick Met	ADORESSIAL Hospital	(TYPE OF WORK FOR MOST OF WORKING LIFE Miller	12b KIND OF BUSINESS OR INDUSTRY Feed
334	130	STATE LAB COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ITY 134 CITY OR TOW ROLL Westmin	N 13d. INSIDE CITY LIMITS?	3322 Salem Bo	ttom Rd.2115'
3		ATHER'S NAME		15 MOTHER'S MAIDEN NA	ME	
1/6	0	Joseph	H. Ogle	Katie	WIDDLE	Farver
T Y		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANTO 43	Salem Bottom R	oad 21157
5 JE	1	YES, NO OR UNKNOWN) (IF YES GIV	216-14-	6275 Andrew L.	Ogle, Sr., Westm	inster, Md.
1		18 CAUSE OF DEATH (Enter on	ly ane cause per line far (a), (b), an	d (ch)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
100		PART I. DEATH WAS CAUSE	ECAUSE (a) CAR PIU	- RESP 170RA	FAILURE	
0 * *		IMMEDIA	DUE TO, OR AS A SONSEQUE	NCE OF		
on, o		Canditians, if any, which	(IN EV	moria.		
ner tro		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE		Tymow.	
leose iol, c or ot			(10) 12°, w			
o bu	z	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART Tra
prior t	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED
ws one	E					ING CAUSES OF DEATH?
Hygin Hygin	CER	710. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED CENTER NATURE OF INJURY IN ITEM 18 PA	RT (OR PART 2)
lternol Hyg		OR CONTRIBUTING CAUSE OF DEA	(In	AY YEAR		
# # /s	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
morked or	₹	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC) STREET	Chrontown	57716
O E			tal) attended the deceased fram_	9117187 19	10 9 1 1 9 1 8 7	19, that (1) (we) last
21 rs		saw the deceased alive an	tal) attended the deceased fram_	, and that in (my) (aur) opinion	death accurred on the date and hour	and from the causes stated
e b	l	22b. SIGNATURE	t) view the bady after death.	DEGREE		22c DATE SIGNED
e D		Pronn	Done	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1
Stor A	1	22d. PHYSICIAN'S NAME (TYPE O		220-ADDRESS A	T	Hospital
with the Store		PRAGULL	DAVE	begeri	de mon	nos pri
should be de with the Stote IMPORTANT:	730	BURIAL, CREMATION, REMOVAL	23b DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
	1.50	(SPECIFY) Burial		alem Cemetery	CITY OR TOWN	rroll, Md.
- 16 60M 7/84	24 F	UNERAL DIRECTOR		25a DA	TE REC'D. BY REGISTRAR 256 REGISTI	RAR'S SIGNATURE
15, 4)	1	naries W. Bu	rrier, Jr., Syk	esville, Md. SEP	2 5 1987 June Da	ridorn. Randass

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1,.02 %	14 m		X .8.0	i.	20 Li Tureste
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN **CERTIFICATE OF DEATH**

	CEASED NAME	FIRST	-	AIDDLE	L	AST	20. DATE OF DEATH	монтн	DAY YEAR	2b HO	JR
{TYPE	OR PRINT)	EY	ST	ANLEY	ORNI	ORFF	September	29,	1987	5:2	25a M
3. SE	(I. RACE		5. DATE C	DE BIRTH 1910	6. AGE IN YEARS LAST BIRT	HDAY	IF UNDER I YEAR	IF UNDER	
Ma	le		Cauca	sian	Oct.	23, DAY 1987 AR	76	YRS.	MONTHS DAYS	HOURS	MIN.
	RTHPLACE ISTATE ORF	OREIGN	& CITIZEN OF	WHAT COUNTRY?	8.		9. BALTIMORE CITY O		Y OF DEATH		
Ma	ryland		U.S.A	•	WIDOWE	D NEVER MARRIED DIVORCED XIX	Frederick,				MD.
10. CI	TY OR TOWN OF DEA	TH				OR OTHER INSTITUTION	12a USUAL OCCUPATION		12b. KIND C	F BUSIN	ESS OR
Fr	ederick		Citiz	ens Nurs	ing Ho	ome	Ret.	FWORKING	LIFE) INDUSTRY	None	2
USU/	AL RESIDENCE (IF NURS	NG HOME OR				13d INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZID COL	DE .		
	ryland		erick	Frederic	ck	YES NO	16 James S				
14. FA	THER'S NAME	30.0				15. MOTHER'S MAIDEN NA	ME				
Hi	ley FIRST		mers	Orndorf	f	Sadie	Millie Mi	nerva	Micha	le1	
16e V	VAS DECEASED EVER		MED FORCES?	16b. SOCIAL SECL		17 INFORMANT	ADDRE	l h	James S	Stree	et
No	VAS DECEASED EVER (ES, NO OR UNKNOWN)	(IF TES, GIVE	WAR OR DATES	217-10-	9453	Mrs. Cather:	ine Carlisle		ederick		
	18. CAUSE OF DEAT	H (Enter onl	v one couse per	line for (a), (b), on	id (c).)	1 1 .	6.		APPROX BETWEE	MATE INTE	RVAL DEATH
	PART I: DEATH W	AS CAUSED	BY: CAUSE (o)	MARCOL	rive	Heart tail	W		150	NUVO	
		IMMEDIATI					1/ 0 0			0	
	Conditions, if ony,	udeiak	DUE TO, O	R AS A CONSEQU	ENCEOF	Posster Mont	to levellail	cser	4 10 9	CM	1
	gove rise to imm	nediote	(b)_	/T WEER	- 30	William Chie	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10		_
	couse (a), statin underlying couse	g the lost.	DUE TO, O	R AS A CONSEQU	ENCE OF						
			(c)								
z	PART 2. OTHER SIGN	VIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION G	IVEN IN PART 10	0.	
MEDICAL CERTIFICATION	19g DATE OF OPERAT	ION	10h COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20h JE Y	ES, WERE FINDIN	JGS LISE	
FIC	DATE OF OFERA	1014	The COIND	norvok winer	O' EKATIO	IN WASTERFORMED		IN CERT	IFYING CAUSES	OF DEA	TH?
RT	21g. ACCIDENT WAS UND	relying D	21h. TIME O	E INTUIDY		Tal- How hallow occup	YES NOX		YES 🗌	NO [
C	OR CONTRIBUTING	l-u-d	140410 4	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	KED (ENTER NATURE OF INJUR	IN ITEM 18	PART I OR PART 2)		
CA	(IF EITHER NOTIFY MEDIC		Ρ.		19						
VED	21d. INJURY OCCURR		(AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, I	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY		STATE
•	AT WORK AT WOR	ILE L	V ESTAL		0.1		2 5/11		21		
	22a.l certify that (1)	and the second	nl catended th	descoved from	you	19 8/	10 8 M.	29	190	that (I) t	we) lost
	sow the decease obove, (1) (weight)		view the body	ofter death.	/ A or	d wat in (my) (out) opinion	death occurred on the do	ote and ha	our and from the	couses st	oted
	226. SIGNATURE	20	10	^		DEGREE			22c. DATE	SIGNED	
	158ma	KO.	Herrico	154	M.1	D. ATTENDING	MEDICAL STAF		9/2	9/198	87
	22d PHYSICIAN'S NA	ME (TYPE OF	1000	1		22e ADDRESS	A		1 7/-	-1	
	Bernard (). The	mas, Jr	. M.D.		228 N. Mark	et Street Fi	reder	cick, Md	. 21	701
23a P	BURIAL, CREMATION,		T23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d LOCATION				
Bi	specify)		10-1-1			ivet Cemetery	CITY OR TOWN	ck. F	rederic	k. Mi	d.

DHMH - 16 60M 7/84 (VRA 15, 4)

O HOSPITAL OR

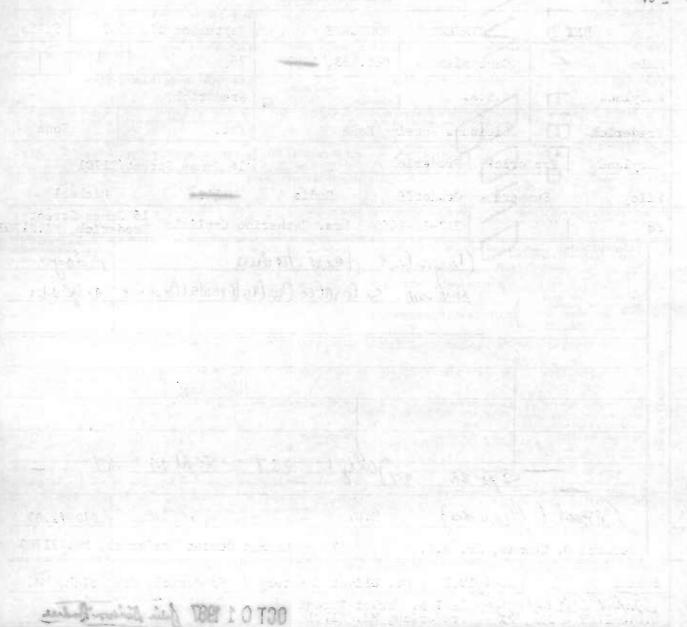
& SON

10-1-1987

Mt. Olivet Cemetery

Frederick, Frederick, Md. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

1201 Market Street Frederick, Md. 21701



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HOGIENE

6 6 SEP 29	87-	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HO	GIENP 2	6 4, 1	9 9
Carrier -		CEASED NAME FROM	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
2 55	-		nas Will	liam (UEMHUISE		09 /24/	87 0210
2 8 1	1. SE	1	4 RACE	5. DATE O		6. AGE (IN YEARS LAST BI	RTHDAY) / (YADHTA	R IF UNDER 24 HR
4 20 //	1	male.	White	MONTH	DAY YEAR 9	48	YRS	HOURS MIN
2 52/20	7s. Bi	RTHPLACE ESTATE DEFORE ON	7b. CITIZEN OF WHAT COU	NTRY? 8	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DE	ATH
254/	Ne	w York, N.Y.	U.S.A.	WIDOW		Fre	derick (County ,
14	11	rederick	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV Frederick	E STREET ADDRESS)		120 USUAL OCCUPAT STEEN TO PARTY FOR MORE ANALYS		KIND OF BUSINESS COUSTRY
35	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUR	OTHER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS		21725
1	_	THERS NAME	TOTT De CO	our	15 MOTHER'S MAIDEN NA		es bilug	ge na.
140	1)	William		SI CO	FIRST	WIDDLE		LAST
100	like V	/AS DECEASED EVER IN U.S. AR		chulse	Mary 17 INFORMANT	ADDR	FSS	Jauss
1	A	ES. NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	32-1904	Elizabeth	Fanna Orra	(same	e 13e)
1		0			ETTZabe til	rello ove.	THUISE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1		18. CAUSE OF DEATH (Enter or PART 1. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a)	ISEQUENCE OF	pirahy a	men		
Figh.		Canditions, if any, which	((b) / NT	MA CER	EBRAL HEA	nonnitage		
crema other tr		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON					
per plea o burioli pry, ar	z	PART 2. OTHER SIGNIFICANT				MINAL DISEASE OR CON	IDITION GIVEN IN F	PART IIa
To be	IFFICATIO	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO. 7	20b. IF YES, WERE IN CERTIFYING C	E FINDINGS USED CAUSES OF DEATH?
8 /	CERT	21a. ACCIDENT WAS UNDERLYING		U DAY VEAD	21c. HOW INJURY OCCUP			
12 14	1	OR CONTRIBUTING CAUSE OF DE.		n DAT TEAK				
Sed or	MEDICAL	216. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,		21f LOCATION STREET	CITY OR TO	OWN CO	UNTY STATE
# man		22a.1 certify that (1) (this hasp	^ -	A	4- 1957	to 9-2 3	19 5	, that (I) (we) la
\$ 5		saw the deceased alive an abave, (1) (we) (did) (did no	9-23_ at) view the bady after death.	1987.0	d that in (my) (aur) apinian	death accurred an the o	late and haur and fi	am the causes stated
T. If Brown		22b. SIGNATURE &	ran my		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF	9.24-87
APORTANT II		22d PHYSICIAN'S NAME (TYPE OF	ORPRINI) WATHAN M	D	207 W	7 Sr. Fre	DERICL, 1	rd 21201
£ 3 #	23a. 8	URIAL, CREMATION, REMOVAL SPECIFY) remation	23b. DATE 9-27-87	23c NAME OF C	EMETERY OR CREMATORY Cremation	23d LOCATION CITY OR TOWN	COUN	
			17 -1 -1	- V C4		Hamps to	ead Carr	SIGNATURE .
16 60M 7/B4 A 15, 4)	Va	L76= 25	T Dast Walt	DITTOO.	Son F.H. DA	SEP 28 1987	Julia David	son-handes
	-		estminster.	Wd . 2	159		Į.	

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGEN
CEDTIEIC ATE OF DEATH

-		FOR STATE TEGISTRAR		ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIÉNE / 2 6	3 0 0
1		CEASED NAME FIRST OR PRINT) MARGUE	PITE COUISE	PECKAITIS	20. DATE OF DEATH MONTH	9 87 230 A M
1	3 SEX	Felmale	white	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) YRS	IF UNDER 1 YEAR IF UNDER 21 HRS. MONTHS DAYS HOURS MIN.
5		RTHPLACE (STATE OR FOREIGN COUNTRY) TUNSWICK	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORECITY OR COUN	TY OF DEATH CLI'CK MD.
	10. CT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING UF NOT IN SUCH FACILITY, GIVE STREET AD		120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORTING	12b. KIND OF BUSINESS OR INDUSTRY
5	13a. S	md. 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE AIL ITY 136, GITY OR TOWN PEd Brun	134. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS / ZIP. CO	DE Brunk. md.
1	C	ATHER'S NAME FIRST	Edward Ay	ers Lilley	Florence	meeks
/			MED FORCES? 16b. SOCIAL SECURI E WAR OR DATES) 578-20-5	1421 Justin Pec	Kaitis Brun.	Concord DR. swick, md.
		PART I. DEATH WAS CAUSE	ly one cause per line far (a), (b), and (b) BY: E CAUSE (a)	MIC BREAST	CANCER	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 YPS
	1000	Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c)			
	NOI	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TER.	MINAL DISEASE OR CONDITION G	GIVEN IN PART I I a
1	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH O	PERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{ NO } \)
1	11/2/2014	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DAY	YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM II	8 PART I OR PART 2)
	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	M, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		saw the deceosed of abave ((1)) we) (did) (aid in	tal) attended the legeased from 19	TE; and may have	, ta	19, that (I) (we) ast aur and fram the causes stated
		22b. SIGNATURE	llean		MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 7
/		22d. PHYSICIAN'S NAME (TYPE	Adicanon	27e ADDRISS BRUN	SWICK, MO.	21716
	23a B	BURIAL, CREMATION, REMOVAL	236. DAJE 9/11/87 Pa	ME OF CEMETERY OR CREMATORY HEIGHTS	Branswick	Fred. Ind.
	Jo.	hn t. Willia	ems Funeral H	tersuille, redson DA	P 1 7 1987 Julia	STRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: A thould be detoched for use with the State Dept. of Heal

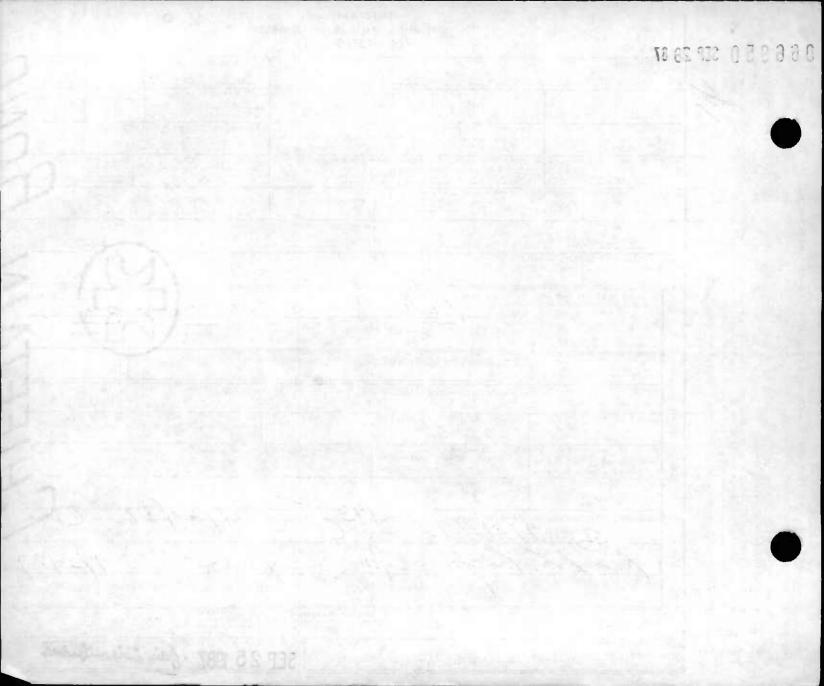
066732 SEP 24,87 The 12 12 12 12 12 24 Fred treatmental agritable & Pill Muss C and Fred Dean . X head level de la Carrell Felward Art Lillag Florence Merits Will I would be he feel of Blanch of the Please with the state of 6 12 1/2 1 1 1370 P Burgar april 27 Part Hereit & Brassach Fred And Isto T. Williams Francis Hope & The State of the State of the

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE FEGISTRAR	DEF		FICATE OF DEATH	REG. NO.	
I DE	CEASED NAME	MEGG		TASE	20 DATE OF DEATH MONTH	H DAY PEAR 26 HOUR
11196	Ruth	Miriam	Poffin	berger	Sept. 22, 1	987 4:00 A
3. 5E	EX	4. RACE	5. DATE O	OF BIRTH	& AGE IN YEARS LAST BETHDAY	FUNDERS HAR FUNDERSHIP
	Female	White	June	a 10, 1906 "	81	YRS. HOURS IN
Je. 81	IRTHPLACE INTATE OF FOREIGN	U.S.A.	MARRIE WIDOW	D NEVER MARRIED D	* BALTIMORE CITY OR CO Frederic	
11175	Frederick	NAME OF HOSPITAL NU	THEFT ADDRESSS		17st USUAL OCCUPATION 17th of work for word of work housewife	ITE KIND OF BUSINESS INDUSTRY OWN home
	Md. Fred	NIY Middle	The second secon	YES X NO	DESTREET ADDRESS / ZIP 201 W. Main	COD€ St. 21769
14 FA	Lester R	Ahalt Ahalt		Estelle	ME MODIE M.	Young
	WAS DECEASED EVER IN U.S. A. (185. NO. OB UNKNOWN) 18 YES, O	SHE WAR OR DATES!	4-9259	Barry Poffi	nberger J	efferson, Md.
	Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSI	EQUENCE OF	0	tue decheus	2 3mos
TION	count iot storing the underlying count test PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSI	TO DEATH BUT		A DESCRIPTION OF THE PROPERTY	
THEATION	couse (at storing the underlying couse lost	(10	TO DEATH BUT		TBs AUTOPSYT 288.	IN GIVEN IN PART I.o. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\sum \text{NO} \sum \text
CAL CERTIFICATION	count iot storing the underlying count test PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING 196 CONDITION FOR WE 198 TIME OF INJURY HOUR A.M. MONTH	TO DEATH BUT	ON WAS PERFORMED	28e AUTOPSY* 286.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
1995/01	PART 2 OTHER SIGNIFICANT 196. DATE OF OPERATION 216. ACCORD WAS UNDERSTORD OR CONTRIBUTING CO	CONDITIONS CONTRIBUTING 196 CONDITION FOR WE 198 TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	ON WAS PERFORMED	784 AUTOPSYT 188.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
A P	PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNI	196 CONDITIONS CONTRIBUTING 196 CONDITIONS CONTRIBUTING 196 CONDITION FOR WE 196 CONDITION FOR WE 196 CONDITION FOR WE 197 PLACE OF INJURY 197 PLACE OF INJURY 197 PLACE OF INJURY 198 PLACE OF INJURY 199 PLA	DAY YEAR 19 VICE FARM, ETC.)	THE HOW INJURY OCCUR	The AUTOPSY TO INC. YES NOT NOT THE INC. COT ON TOWN TO ZZ death accurred on the date or	FYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE (OUNTY STATE TO THE FUNDING STATE SHOWED STATE
MEDICAL	THE PHYSICIAN'S NAME ITHE	196 CONDITIONS CONTRIBUTING 196 CONDITION FOR WH 196 CONDITION FOR WH 196 CONDITION FOR WH 197 TIME OF INJURY 197 HOME A.M. MONTH 198 PLACE OF INJURY 197 HOME STREET, FACTORY, OF	DAY YEAR 19 VICE FARM, ETC.)	THE HOW INJURY OCCUR THE HOW INJURY OCCUR THE LOCATION LINET 19 19 19 19 ATTENDING PHYSICIAN 79 ADDRESS	The AUTOPSYT TO INC. YES \[\text{NO} \] RED PRODUCT OF STORE WITH CONTONN COTTOR TOWN TO \[\frac{2}{2} \] death accurred on the date of the accurred on the accur	FYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE (OUNTY STATE TO THE FUNDING STATE SHOWED STATE
MEDICAL	THE DATE OF OPERATION THE DATE OF OPERATION THE ACCRETION OF CONTRIBUTION THE ACCRETION OF CAUSE OF DISCUSSION OF CONTRIBUTION OF CAUSE OF DISCUSSION OF CAUSE OF DISCUSSION OF CAUSE OF CAUS	196 CONDITIONS CONTRIBUTING 196 CONDITION FOR WH 196 CONDITION FOR WH 196 CONDITION FOR WH 197 TIME OF INJURY 197 HOME A.M. MONTH 198 PLACE OF INJURY 197 HOME STREET, FACTORY, OF	DAY YEAR 19 VICE FARM, ETC.)	THE HOW INJURY OCCUR TO THE HOW INJURY OCCUR THE HOW IN	The AUTOPSY TO INC. YES NOT NOT THE INC. COT ON TOWN TO ZZ death accurred on the date or	FYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO



1621 Opossumtown Pike, Frederick, MD 21701

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR		
STATE		
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PARTMENT OF HEALTH AND MENTAL HYGIENE	1	5	6	1	-
CERTIFICATE OF DEATH	100	REG. NO.	9	~3	J
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		REGISTRAR			CERTIF	ICATE OF DE	EAIN		REG. NO.	1		
0 1 6 SEP 29	RI	CEASED NAME FIL	IRST	MIDDLE		AST	MALF CONT	20. DATE OF	DEATH MONTH	DAY	YEAR 2	2b HOUR
ge See Man	-	MAURIC	CE	ALOYSIUS	R.A	REK		200	09	22 19	87 4	4:00A M
n d d	3 SEX	(1	RACE	5. DATE O		YEAR	6. AGE (INY	EARS LAST BIRTHDAY)	IF UNDER		IF UNDER 24 HRS
age 4		ALE		WHITE	01		1926	61	Υ	RS		
Poldie Po		RTHPLACE (STATE OR FOREK	IGN 7	L CITIZEN OF WHAT COUN	TRY? 8 MARRIE	NEVER M.	ARRIED -	9 BALTIMO	RE CITY OR COL	INTY OF DEA	АТН	
deot	N			USA	WIDOWE		ORCED [ERICK			MD.
2000年人		TY OR TOWN OF DEATH	ľ	(IF NOT IN SUCH FACILITY, GIVE		OR OTHER INSTIT	ITUTION		CEUPATION FOR MOST OF WORK		JSTRY	BUSINESS OR
3 100		REDERICK		9 James Stre				Supr.		Wa	areho	ouse
35	M	TATE 13b	COUNT			13d INSIDE CIT	TY LIMITS?		ADDRESS / ZIP (701	
VO		OBERT	A. "	RABER		15 MOTHER'S	IRST	ΛĒ	MIDDLE C.	1	LAST	
3		VAS DECEASED EVER IN U	U.S. ARM	NED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMAN			ADDRESS		71,011	
-11	Y			, KOREAN 123-1	4-7195	Nelli	le L. R	aber	9 James	St., I	rede	erick, M
nt, th		18 CAUSE OF DEATH (E)	nter anly	ane cause per line lar (a), (t	or, and ic i			50	0/10/03	BE	TWEEN ON	ATE INTERVAL
please remove urial, cremation , or other traum			the lost.	DUE TO, OR AS A CONS	065 1	lives	י ב מען	CASE	-> 5-5	I GIVEN IN P.	2 ARI 1/0	end
t Then ior to by injury	TION	19a DATE OF OPERATION									15-	
the permitted by the pe	CERTIFICATION	196 DATE OF OPERATION	1	19b. CONDITION FOR W	HICH OPERATIO	N WAS PERFOR	WED	YES [NO NO	FYES, WERE ERTIFYING CA YES	AUSES O	PF DEATH?
buriol-trons Mentol Hyg Mentol Hyg		21a. ACCIDENT WAS UNDERLY: OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALE)	E OF DEAT	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJI	URY OCCURR	ED (ENTER NA	TURE OF INJURY IN ITE	M 18 PART I ORP	ART 2)	
os the bur	MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK		21e. PLACE OF INJURY	FFICE, FARM, ETC)	211 LOCATION STREET	N		CITY OR TOWN	COU	NTY	STATE
for use o of Health 21 is mo		220.1 certify that (I) (this	s hospita	ol) attended the deceased for the view the bady after death.		d that in (6)	, 19 8 7 aur) apınıan d	, to	d an the date one	198 have and lea	, the	a (P) we) last
ERAL DIREC e detached State Dept. ANT: If Item		22b. SIGNATURE		Zelen	,	DEGREE AT PH	TENDING HYSICIAN	MEDICAL	STAFF PHYSICIAN		DATE SI	GNED 52/87
TO FUNERAL should be deter with the State		P. Gregor		ausch, M.D.		22e ADDRESS					ick,	MD 21703
5 5 5 3 g /-		URIAL, CREMATION, REM	AOVAL	23b. DATE		EMETERY OR CR		23d. LOCA		COHNE		STATE
BP		BURIAL		9/25/87	RESTHAV	EN MEM.	GARDEN	S FRE	DERICK	FREDER	TCK	MD

DHMH - 16 60M 7/84

(VRA 15, 4)

²⁴ FUNERAL DIRECTOR G. DOUGLAS STAUFFER
1621 Opossumtown Pike, Frederick, MD 21701

SEP 28 1987

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CEASED NAME FIRST E OR PRINT)	MIDD		LAS	LAND	20 DATE OF DEATH Septembe		1987	7:15
3. SEX	Franc	1.5 De	Sales	5. DATE OF		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	
	Female	White			11,01905	82		MONIHS DAYS	HOURS A
7a BIF	IRTHPLACE STATE OF FOREIGN	76 CITIZEN OF WH	AT COUNTRY?	0		9 BALTIMORE CITY O	YRS OR COUNTY	Y OF DEATH	
j	New York	U.S.A.		WIDOWED	NEVER MARRIED X	Freder	ick C	ounty,	
Fre	ederick	Visitati	on Conv	ent	OTHER INSTITUTION	12e USUAL OCCUPATI (TYPE OF WORK FOR MOST C			ic Cor
1		PROTHER INSTITUTION GIVE JNTY rederick	E RESIDENCE BEFORE CITY OR TOWN Frede:	rick		STREET ADDRESS	zip codi cond	Street,	21703
14 FA	ATHER'S NAME PIRST Nathaniel	MIDDLE D.	Rand		IS. MOTHER'S MAIDEN NAM	WIDDLE		Millik	en en
	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) IF YES, G		social secui		Mother Super:	Visitation 200 E.			Frede
	Conditions, if any, which	DUE TO, OR AS	S A CONSEQUE	NCE OF DOSALE	& Carlie Vago	alas Nier	8	154	cars
CATION	gove rise to immediate couse (O), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION	DUE TO, OR AS	S A CONSEQUE	DEATH BUT N			20b. 1F YE	S, WERE FINDI	NGS USED
ERTIFICATION	gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	DUE TO, OR AS (c) (CONDITIONS CONT 196 CONDITIO	TRIBUTING TO D	DEATH BUT N	NOT RELATED TO THE TERM	INAL DISEASE OR CON 20e AUTOPSY? YES NO.	20b. IF YE IN CERTII	ES, WERE FINDII IFYING CAUSES 'ES []	NGS USED
CERT	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DUE TO, OR AS (c) I CONDITIONS CONT I 96 CONDITIO AND TIME OF INHOUR A.M.	TRIBUTING TO D	DEATH BUT N	NOT RELATED TO THE TERM	INAL DISEASE OR CON 20e AUTOPSY? YES NO.	20b. IF YE IN CERTII	ES, WERE FINDII IFYING CAUSES 'ES []	NGS USED S OF DEATH
MEDICAL CERTIFICATION	gove rise to immediate couse (o1), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	T CONDITIONS CONTI 196 CONDITIONS 196 CONDITION 196 CONDITION 196 CONDITION 196 CONDITION 196 CONDITION 196 CONDITION 197 CONDITION 198 CONDITION	TRIBUTING TO DE	OPERATION AY YEAR 19	NOT RELATED TO THE TERM	INAL DISEASE OR CON 20e AUTOPSY? YES NO.	20b. IF YE IN CERTII YE	ES, WERE FINDII IFYING CAUSES 'ES []	NGS USED S OF DEATH NO
CERT	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIETHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	T CONDITIONS CONTINUES IN TIME OF IN HOUR A.M. 21e. PLACE OF JATHOME STREET. pitol) attended the data	TRIBUTING TO DE CONTROL OF THE PROPERTY OF THE	DEATH BUT N OPERATION AY YEAR 19 ARM EI()	WAS PERFORMED 21c HOW INJURY OCCURR 211 LOCATION STREET	INAL DISEASE OR CON 280 AUTOPSY? YES NO A RED (ENTER NATURE OF INJU CITY OR TO	20b. IF YE IN CERTII YE IN CERTII YE IN TEM 18	ES, WERE FINDING CAUSES ES TOPPART 2) COUNTY 19 2011 and from the	NGS USED S OF DEATH!
CERT	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIRECTION 210. INJURY OCCURRED WHITE AT WORK 220.1 certify that (1) (this has sow the deceased alive above, (1) (wold body) (did to 22b. SIGNIFITURE	DUE TO, OR AS (c) (C) (CONDITIONS CONT (P) (CONDITIONS CONT (C) (C) (C) (C) (C) (C) (C) (C	TRIBUTING TO DE CONTROL OF THE PROPERTY OF THE	OPERATION APPLICATION APPLICATION DIAMA DIAMA	WAS PERFORMED 21c. HOW INJURY OCCURR 211 LOCATION STREET 4 that in (my) (corr) opinion of physician [4]	INAL DISEASE OR CON 280 AUTOPSY? YES NO A RED (ENTER NATURE OF INJU CITY OR TO	20b. HF YE IN CERTIL YE IN CERTIL YE IN ITEM 18	ES, WERE FINDING CAUSES ES TOPPART 2) COUNTY 19 2011 and from the	NGS USED S OF DEATH'S NO
CERT	gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERMENT MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTIFY THAT (I) (this hoses we the deceased alive a obove, (i) (we) 2000 (d) (d)	T CONDITIONS CONTINUES TO THE	TRIBUTING TO DE CONTROL OF THE PROPERTY OF THE	OPERATION AY YEAR 19 ARM EIC) DO DO M DO M DO DO M DO DO M DO DO	WAS PERFORMED 21c HOW INJURY OCCURR 211 LOCATION STREET 19 4 that in (my) (earl) opinion of EGREE ATTENDING	200 AUTOPSY? YES NO AUTOPSY? YES NO AUTOPSY? YES NO AUTOPSY? YES NO AUTOPSY? CITY OR TO COMPANY OF THE PROPERTY OF THE PR	20b. HF YE IN CERTIL Y!	ES, WERE FINDING CAUSES ES PART 1 OR PART 2) COUNTY 19 220. DATE 211. DATE 212. DATE	STAIL

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destille	· 19	00.8%	hand	.(<u>fateres q</u>
	Acr (OD 5. Baco				

106 East Church Street, Frederick, Md. 2170

FOR

REGISTRAR

DECEASED NAME

- STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HAGIENE REG. NO. 2h. HOUR September 16, 1987 BALTIMORE CITY OR COUNTY OF DEATH Frederick County. 12b. KIND OF BUSINESS OR ETYPE OF WORK FOR MOST OF WORKING LIFE Farming 1702 Cap Stine Ad., 21701 Easterday 1702 Sap Stine Road 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 22c. DATE SIGNED West Seventh Street, Frederick, Md. 21701 Frederick, Frederick, Md.

talls wite arch 8, 202 75

Largerd U.S. Rederick emertal conttal Pamer Sander Sander

Largerd Prederick emertal conttal Pamer Sander

Largerd Prederick Trederick Refer August 1902

E. Theries Donn Adah Refer Accorday

Lone 215-0-7239 Are. English Refer And Mills 21701

Tiriel : Lert 19, 1x4 Nt. Clavet Jenetery Tredorick, Frederick, Hd.

Dr. P. Crevery Santab, N. D. Back tewards Street, Accessor, Mc. 21701

initi, seemer and entired Timing lone 106 keet Thursh Street, indexion, ii. 23701 See Certificate # 87-23590

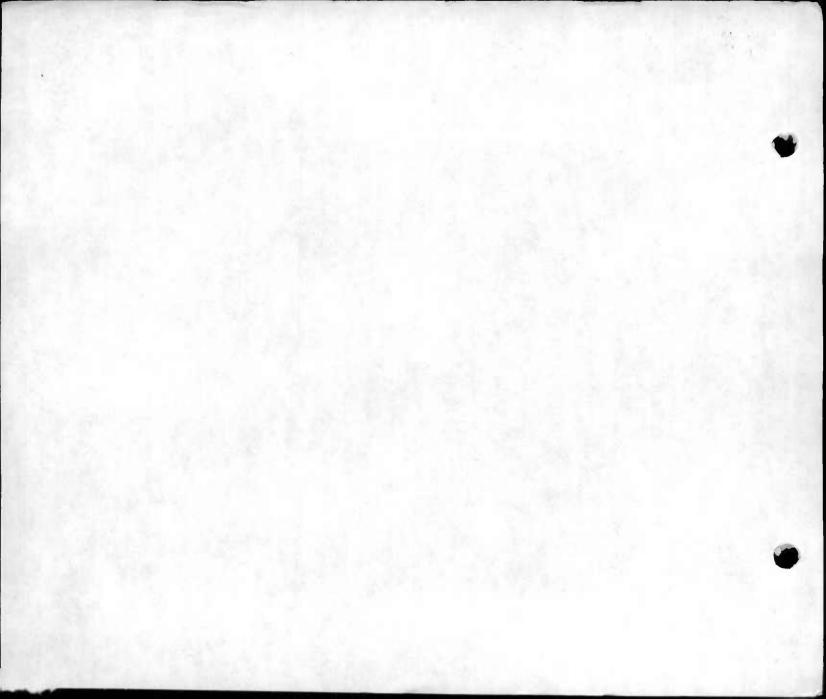
Gilbert Franklin Reeser

DOD: Sept.1,1987

Frederick County

Filed in August drawer





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(VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL KYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20 DATE OF DEATH 2h HOUR CHARLES ROLAND RENNER 14 1987 8:46 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE TIN YEARS LAST BIRTHDAY MONTH DAY MALE WHITE 08 01 1912 75 TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED COUNTRY USA FREDERICK WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) FREDERICK FREDERICK MEMORIAL HOSPITAL FARMER SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
10. STATE 136 COUNTY 136 CITY OR TOWN 13a. STATE 130 CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? MD FREDERICK ROCKY RIDGE 9811 Long's Mill Rd., 21778 YES [NOX FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE DAVID C. RENNER EFFIE Ε. WOOD 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Rocky Ridge, MD 217-36-4681 9811 Long's Mill Rd., HAZEL RENNER APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Canditians, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 2 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT YES [210. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STATE AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) CITY OF TOWN STREET NOT WHILE 22a. I certify that (1) (this haspital) attended the deceased fram. DIRECTOR sow the deceased alive on and that in (my) (our) apinion death occurred an the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF D FUNERAL Could be deton PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 77d. PHYSICIAN'S NAME WILLIAM F. HARPER. MD 100 S. Center St., Thurmont, MD 230 BURIAL, CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY BURTAL 9/17/87 ROCKY RIDGE MT. TABOR CEMETERY FREDERICK G. DOUGLAS STAUFFER 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 1621 Opossumtown Pike, Frederick, MD 21701

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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065206 SEP	STATE REGISTRAR	DEPA	CERTIFICATE OF DEATH	REG. NO.	
e ω€	DECEASED NAME FIRST	LEE P P	REMPER, SR.	20 DATE OF DEATH MONTH DAY	YEAR 26 HOUR 87 020/-M
ge 4 may br ectar, page rs after deal	3 SEX MALE/	WHITEO	5. DATE OF BIRTH 03/26/38 _ 38	6 AGE (IN YEARS LAST BIRTHDAY) IF U	INDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.
merol dir.	70 BIRTHPLACE (STATE OR FOREIGN MARYLAND	U.S.A.		9 BALTIMORE CITY OR COUNTY OF FREDERICK	DEATH
10 10 10 10	TO CITY OR TOWN OF DEATH FREDERICK		ORIAL HOSPITAL	120 USUAL OCCUPATION 11-17-05 WORK FOR MOST OF WORKING LIFE! FIREMAN	126. KIND OF BUSINESS OR INDUSTRY CO.
BALTIMORE, MARYLAND 2120 cole be executed with a system ond completely being being being the first worl. It, the medical exaginate neartheast.	130. STATE TREE TREE TREE TREE TREE TREE TREE	E OR OTHER INSTITUTION GIVE RESIDENCE BOUNTY DERICK NEW MI	SEFORE ADMISSION) TOWN TOWN TOWN THE STATE OF THE SERVICE OF THE S	13251 REET ADDRESS ZIP COOP PI	KE 21775
makyta mple	JAMES I. RENN	ER ^{MIDDLE} LAST	15 MOTHER'S MAIDEN N. DENDA HUM		LAST
IMORE,		ARMED FORCES? 166 SOCIALS GIVE WAR OR DATES) 219-34-	5ECURITY NO. 17 INFORMANT -5413 BETTY L. REN	NER 12129 WOO	DSBORO PIKE
S, 201 W. PRESTON ST uires that the death certi- gared by the attending p on please remove carbon burial, cremation, or ren try, or ather traumatic ev	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN	(c)		MINAL DISEASE OR CONDITION GIVEN	30 min.
TAL RECORD The low required to the base been so the base base base base base base base bas	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WE	HICH OPERATION WAS PERFORMED		VERE FINDINGS USED IG CAUSES OF DEATH?
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir r attending physician. Wher this certificate has been sig as the burial-transit permit. Then th and Mental Hygiene prior to b th and Mental Hygiene prior to b orked ar Herr 18 shows any injury	OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED	DEATH HOUR A.M. MONTH	DAY YEAR T9 211 LOCATION	RRED (ENTER NATURE OF INJURY IN HEM 18 PART	ORPARIZ)
R ATTENDI hospital and RECTOR: a hed for use spt of Heal	22=1 certify that (I) (this he saw the decrependative	on institute of the deceased for institute of the body of the death.		. 10	that (Iv (we) lost and Irom the couses stated
HOSPITAL ined by th FUNERAL unid be deter ORTANT: p	ROBERT L.	KAIIFMANN	ATTENDING PHYSICIAN ADDRESS 804 TOLL HO		9/5/87.
0 € 0 € \$ E	230 BURIAL CREMATION, REMOV		236 NAME OF CEMETERY OR CREMATORY MT. HOPE CEMETERY	23d LOCATION	REDERICK MD
01	24 FUNERAL DIRECTOR			DE ACID PROPERTY AND PEGISTRAL	O'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

DAMED. HARTZLER

WOODSBORO, MD

1901 Julia Dendoon Rondock

age Alexander

death certificate be executed within 24 hours

requires that the d

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

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funeral director, page 3 the 72 hads ofter death

ng physician and completely fulled in banpapers. Pages Land 2 should be medical examine

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYRIENS!

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	CE ASED NAME	enst enett	MID		12.	1 ce	2ª DATE OF DEATH Septembe		1987	26 HOUR 5:30
3. SEX		4 RACE	F C .	0	5. DATE O	F BIRTH	6. AGE IN YEARS LAST BE	RTHDAY)	IF UNDER 1 YEAR	
	Male	W	hite		Feb.	25, 1930 AR	57	YRS	MONTHS DAYS	HOURS
- C	THPLACE (STATE OR F		S.A.	HAT COUNTRY?	8	XX NEVER MARRIED	9 BALTIMORE CITY OF	OR COUNT		
10 CI	Frederick	HEN	NOT IN SUCH F	OSPITAL, NURSIN FACHITY, GIVE STREET CK Memos	ADDRESS)	rother institution	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST) Machinis	OF WORKING	LIFE) INDUSTRY	of Busines
13a S		136 COUNTY Frederic	13	re residence before 30. CITY OR TOW Frederic	N	13d INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e STREET ADDRESS 530 Pear	ZIP COL	eet, 21	701
14 FA	ATHER'S NAME FIRST OSCAT	MIDDLE H.	R	ice tast		15. MOTHER'S MAIDEN NA FIRST Hattie	M.		Marsha	ST 11
	VAS DECEASED EVER			6b. SOCIAL SECU		17 INFORMANT	Mrs. Darice	EA. R	ice	
(,	YES NO OR UNKNOWN)	1947-19	50	212-24-5	5921	530 Pearl :	St., Freder	ick,	Md. 217	01
	Conditions, if any, gave rise to imm cause (a), statin underlying cause	AS CAUSED BY: IMMEDIATE CAUS DU which nediate g the lost DU	(b)	AS A CONSEQUE	ENCE OF	C RIST				
ICATION	Conditions, if any, gave rise to imm cause (a), statin underlying cause	AS CAUSED BY: IMMEDIATE CAUS which g the lost DU NIFICANT CONDIT THE CAUSED BY: IMMEDIATE CAUSED BY: DU Which DU Which DU THE CANT CONDIT THE CAUSED BY: THE CAUS	DE TO, OR A (b) (c) IONS CON	AS A CONSEQUE AS A CONSEQUE AS A CONSEQUE ATRIBUTING TO E	ENCE OF ENCE OF DEATH BUT	NOT RELATED TO THE TERM		NDITION G		I'G
CAL CERTIFICATION	Canditions, if any, gave rise to imm cause (a), storin underlying cause PART 2 OTHER SIGN MAPRIL	AS CAUSED BY- IMMEDIATE CAUS which be lost DU NIFICANT CONDIT CON 196 DERIVING 216 AUSE OF DEATH	DE TO, OR A LE TO, OR A LE TO, OR A LE LE LE LE LE LE LE LE LE L	AS A CONSEQUE AS A C	ENCE OF ENCE OF DEATH BUT OPERATION	NOT RELATED TO THE TER/	WINAL DISEASE OR CON 200. AUTOPSY? YES □ NO	20b. IF Y	ES, WERE FINDI	NGS USED
MEDICAL CERTIFICATION	Conditions, if ony, gove rise to imm cause (o), statin underlying cause PART 2 OTHER SIGN PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CIFE EITHER NOTIFY MEDIA 21d. INJURY OCCURE	AS CAUSED BY- IMMEDIATE CAUS DU which nediate g the lost USE CAUSE OF DEATH CALEXAMINER) 216 AUSE OF DEATH CALEXAMINER) 216 216 216	SE (0) Z SE (0)	AS A CONSEQUE AS A C	ENCE OF ENCE OF DEATH BUT OPERATION AY YEAR 19	NOT RELATED TO THE TERM	WINAL DISEASE OR CON 200. AUTOPSY? YES □ NO	20b. IF Y IN CERT Y	ES, WERE FINDI	NGS USED S OF DEATH
_	Conditions, if ony, gove rise to imm cause (o), stotin underlying cause PART 2 OTHER SIGN PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CIFETIMER NOTIFY MEDIC 21d. INJURY OCCURF WHILE NOT WE AT WORK NOT WHAT WORK AT WORK 22a. I certify that (1) Sow the decedse	AS CAUSED BY IMMEDIATE CAUS Which nediate g the lost UIFICANT CONDIT WALLE OF DEATH (AL EXAMINER) RED INE (His haspital) after addivided and view to	JE TO, OR A (b) JE TO, OR A (c) JONS CON TIME OF OUR A.M. P.M. PLACE OF HOME STREE ended the	AS A CONSEQUE AS A CONSEQUE AS A CONSEQUE AS A CONSEQUE ON FOR WHICH INJURY MONTH DA FINJURY 1 FACTORY, OFFICE, F deceosed from 19	DEATH BUT OPERATION AY YEAR 19 FARM ETC)	NOT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCUP 211 LOCATION STREET 214 dt that in (my) (our) apinion DEGREE	200 AUTOPSY? YES NO REED (ENTER NATURE OF INJ	20b. 4F YIN CERT	ES, WERE FINDI IFYING CAUSE: YES	NGS USED S OF DEATH NO ST.

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed should be detached far use as the burial-transit permit. Then prive the State Dept. of Health and Mental Hygiene prior to buring.

106 East Church St., Frederick, Md. 21701 SEP 16 187

September 9, LEST 1:30 0		96	e es a W	A2	
57 February February	35, 1930 3.5		er kata na kata	25. 27. 83. Section of the contract of the con	9 1
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550 Fearl Street, 21701		:) L'Z	iskiebesi	22 W. (1 -	
n. Presenti			1947 - 1840		
			Viges, Nick		

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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79	FOR STATE BEGISTRAR	DEPARTM	CERTIFICATI	AND MENTAL HYG	REG. NO.	2000	4
	PECEASED NAME FIRST CHARL	ES RIN	ChorRIN	NEHART		9) 14 87	135 1357 M
	ALE MACE	4. RACE (RUICAUCASIAN	5. DATE OF BIRTI	DAY YEAR 22	6. AGE (IN YEARS LAST BIRTHD)	YRS DAYS	IF UNDER 24 HRS HOURS MIN.
1	BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	U. S. A.	WIDOWEDEE	DIVORCED [FREDERICK,		MD.
FI	CITY OR TOWN OF DEATH REDERICK	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A FREDERICK MEMOI	RIAL HOSE		(TYPE OF WORK FOR MOST OF W. RET. POST C	ORKING LIFE) INDUSTRY	BUSINESS OR
13a M.A	ARYLAND 136 COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE INTY EDERICK FREDERICK	X 13d. IN		13e STREET ADDRESS / Z 531 WILSON		1
1	FATHER'S NAME FIRST WILBERT	MIDDLE RINEHAL	RT	ADA	S.	BRUS'	
160		RMED FORCES? 166 SOCIAL SECUL INVE WAR OR DATES) 219-01-	0011	arles E. R		531 Wilson I	ryland
	PART I. DEATH WAS CAUS	only one cause per line for (a), (b), and SED BY: ATE CAUSE (a)	Dalmer.	Shock		BETWEEN ON	ATE INTERVAL USET AND DEATH
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	i immu	ly may	Gereney un reular Tille	th Iromechanu	cal dissets
NON		conditions contributing to a dominal Roxi'c			Lemonheyi'L	shock.	NAFOR
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS	PERFORMED		Ob. IF YES, WERE FINDING N CERTIFYING CAUSES O YES	
		EATH HOUR A.M. MONTH DA	AY YEAR 19		RED (ENTER NATURE OF INJURY R	NITEM IS PART 1 OR PART 2)	
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT MOME, STREET, FACTORY, OFFICE, F.		OCATION STREET	CITY OR TOWN	COUNTY	STATE
	sow the deceased alive a above ((1)(we) (did)(did a	pital) attended the deceased from			death accurred on the date	and hour and from the co	
	226. SIGNATURE	The Vitarello M	DEGRE	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAL	220. DATE S	IGNED 457
	22d PHYSICIAN'S NAME TYPE JOHN	VITARE/10 MI	2		AVE., FREDER	RICK, MARYLA	ND 21701
230	BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL			RY OR CREMATORY ET CEMETER	23d LOCATION CITY OF TOWN Y FREDERICK	FREDERIC	STATE K MD
R	BERT E. DALLEY		1201 N. 1 REDERICK	Market S	EP 28 1987	REGISTRAR'S SIGNATU	RE Indelli

DHMH - 16 60M 7/84 (VRA 15, 4)

ould be detoched for use th the State Dept. of Heal TO FUNERAL DIRECTOR.

MACRIANT: If them 21 in

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STATE OF MARYLAND

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					ALC: UNITED IN
					11
				- A/A	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALWYGIENE

4 UIR	REGISTRAR				CEKTIF	ICATE OF DEATH		REG. NO	o .	1	
	ASED NAME	FIRST	MI	DDLE	t	AST	20 DATE	OF DEATH	MONTH D	AY YEAR	2b. HOUR
TTYPE OR	H H	ELF	N/ E	117 Ab	eth	Rohrer			91	187	224
3. SEX		4.	RACE	. 1 2 3 1 1 2	5. DATE C		6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	
0	FEMALE		WHI	TE	OCT.			75	YRS.	AONIHS DAYS	HOURS
	HPLACE (STATE OR	FOREIGN 71	CITIZEN OF W	HAT COUNTRY?	8	XXNEVER MARRIED	9 BALTIA	MORE CITY O		OF DEATH	
	ENN.		U.	S.A.	WIDOWE		- 1 777	EDERICE	COUN	TY	
IO CITY	OR TOWN OF DEA	ATH 1	(IF NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET CK MEMOR	ADDRESS)	OSPITAL	(TYPE OF W	AL OCCUPATE VORE FOR MOST OF TIRED			OF BUSINES
13a. STA	RESIDENCE TIE NURS	136 COUNT	Y	FREDERI	/N	13d INSIDE CITY LIMITS?		T ADDRESS /)1
	HER'S NAME				·OR	15. MOTHER'S MAIDEN					
C	ARROLL		NMI)	KEFFE	ER	LORETTA	4	(NMI))	(UNK	NOWN)
160 WA	S DECEASED EVER	IN U.S. ARM	ED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDRE	SS 7 FA	IRVIEW	
	NO OR UNKNOWN)	NONE	WAR OR DATES)	184-07-8	3086	HAROLD L. F	ROHRER			MD. 21	
-	CAUSE OF DEAT	H (Enter anly	ane cause per li						111-1	APPROX	XIMATE INTERV
	PART I. DEATH V	VAS CAUSED IMMEDIATE		Card	ious	sister &	Breat				
TION	Da DATE OF OPERA					NOT RELATED TO THE TE		JTOPSY?	20b. IF YES, IN CERTIFY	, WERE FINDI YING CAUSES	INGS USED
2	10. ACCIDENT WAS UN	DERLYING	21b. TIME OF			21c. HOW INJURY OCC	_				140
	OR CONTRIBUTING		HOUR A.M	MONTH D	AY YEAR						
MEDICAL	14 INJURY OCCUR		21e PLACE O	F INJURY		211 LOCATION		CITY OR TO	WN	COUNTY	ST
E	WHILE NOT W	HILE	(AT HOME, STRE	ET, FACTORY, OFFICE, F	FARM ETC)	PINEEL		CIII 04101			31
	20.1 certify that (I sow the decease	(this hospita	I) offended the	19_	87.00	nd that in (my) (our) opini		gred on the do	ate and hour	ond from the	, that (I) (w
2	Cricken	- M.	Mor	Johns		DEGREE ATTENDING PHYSICIAN	MEDICA DIRECTO	AL STAF	FF IAN	22c DATE 9/	SIGNED
2	2d PHYSICIAN'S N		PRINT)	400, m. 10	o	187 Ham	or Joh	mon Di	. Fede	rich, 11	W 21-
	RIAL, CREMATION, ECIFY) BURIA		9/8/87	45		EMETERY OR CREMATOR ARMEL CATHOL	(CATION CITY OR TOWN URMONT	FRE	DERICK	MD.
	IERAL DIRECTOR	11/1	1			MAIN SI.	DATE REC'D. B		256 REGISTI	RAR'S SIGNA	TURE
ROBI	ERT E. DA	ILEY &	SON, P.	A. THURM	ONT, MI	o. 21788 S	EP23	1987	dia Da	ridorn-Ra	adall
-											

DHMH - 16 60M 7/84

(VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has

retained by the hospital ar TO HOSPITAL OR

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FOR STATE

STATE OF MARYLAND CERTIFICATE OF DEATH

6

	REGISTRAR			CENTILI	CALL OF DEATH	4 7 +	REG. NO.	4965	\$
2,8			OWARD	· C	SCHADE, JR.	-000	ptember 4		25 HOUR 1310 I
			dward	V DITEO	Chade, J		IN YEARS LAST BIRTHDAY	1	AR IF UNDER 24 HR
3. SEX	X	4. RACE		5. DATE O	E.		(IN YEARS LAST BIRTHDAY	MONTHS DAY	
-	Male	Caucasia	an	Jan		42		YRS.	
	RTHPLACE (STATE OR FORE	IGN 76 CITIZEN OF	WHAT COUNTRY?	8 AAADDIED	NEVER MARRIED	9 BALT	IMORE CITY OR CO	DUNTY OF DEATH	
1	Maryland	TJ:	SA	WIDOWEL			ederick		
10. CI	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME O	ROTHER INSTITUTION	12a US	UALOCCUPATION		OF BUSINESS
	Frederick	Frederic	ck Memori	al Hos	spital		mployed	RKING LIFE) INDUSTI	8Y
USU	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)					
		COUNTY	13t. CITY OR TOWI		13d. INSIDE CITY LIMITS?		EET ADDRESS / ZIP		2170
	aryland]	Frederick	Frederic	K	YES NO []		Stewart M	anor Apts	2170.
14. FA	FIRST	MIDDLE	LAST		FIRST	MAME	WIDDLE		LAST
	William	Ε.	Schade		Edith		Pearl		tkins
	VAS DECEASED EVER IN	U.S. ARMED FORCES?	166. SOCIAL SECU		17_INFORMANT		ADDRESS	red. Md.	21701
	No		215-44-9	929	Robert E. S	Schade	37 Stewa	art Manor	
	18 CAUSE OF DEATH	Enter only one couse per	line for (b), one	10.1				APPR BETWE	OXIMATE INTERVAL
	PART I. DEATH WAS	CAUSED BY:	SPET	1000	2010				4 1/110
	IM	MEDIATE CAUSE (0)	1	1	0 9		610		1000
	1000	DUE TO, O	R AS A CONSEQUE	NCE OF	10:55/20	2	+/11	100 1	LOAKE
	Conditions, if any, w		Lacrie	1	(11/1/5	116	1120	LI	(Call
	cause (a), stating	the DUE TO, O	R AS A CONSEQUE	NCE OF				/	
	underlying couse	lost.							
	PART 2 OTHER SIGNIF	ICANT CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT I	NOT RELATED TO THE TE	RMIN AL DIS	SEASE OR CONDITIO	ON GIVEN IN PART	110
N N	10/2011	wir Ab	CHIMI	11111	Rulmun	1113	DISTAS	1	
CERTIFICATION	190 DATE OF OPERATIO	N 196 COND	ITION FOR WHICH	OPERATION	WAS PERFORMED	200	AUTOPSY? 20b	IF YES, WERE FIN	DINGS USED
문	200	4				YES		CERTIFYING CAUS	SES OF DEATH?
- E	21a. ACCIDENT WAS UNDER	YING TT 216 TIME C	E INTITION		21c. HOW INJURY OCC				
	OR CONTRIBUTING CAU		M. MONTH DA	AY YEAR	ZIL HOW HAJORI OCC	ORRED (EN	IER NATURE OF INJURY IN I	IEM IS PART TORPART.	2)
3	(IF EITHER NOTIFY MEDICAL		M.	19					
MEDICAL	21d. INJURY OCCURRED		OF INJURY	ARM FICA	211 LOCATION STREET		CITY ON TOWN	COUNTY	STATE
Σ	AT WORK NOT WHILE		LET, FACTORT OFFICE, FA	Ann, Erc j	0	2	0111	1	7
	220.1 certify that the lab	in haspital) attended	deceased from_	-	19 (10.	7/9	19 0/	_, that (I) we) !
	sow the deceased	almost 1	1 19	, on	d that in (my) (our) opinio	on death oc	curred on the date of	nd hour and from t	he couses stated
	above (Fiwel (did	did not view the body	ater death.	01	DEGREE		1 2 2 1 2	125 D	TE EVINERY
	THE SIGNATURE A A	11 0 N 1/0	1710			S - MEDI	CAL STAFF	1" 6	1/2/0
	alva	1111 4	Min	e 1/2	ATTENDING CPHYSICIAN	DIREC	TOR PHYSICIAN		15/8
	274 PHYSICIAN'S NAM	E TIPE OR PRINT)	- /0/-	-	21e ADDRES8	(1 att	4-1	1-1-1
	100	DPIH	1/100	\$ 111	500	U	1. 114)/ /	/
71n 1	BURIAL CREMATION/RE	MOVAL 236. DATE	122. 1	JÂME OÈ	METERY OR CREMATOR	V 1234	LOCATION		
	DECEN				No.		CITY OR TOWN	COUNTY	STATE
-	Burial	9/8/8	7, Mt.	Oliv	et Cemetery	Fr	ederick,		
14.5	MARKAL DIRECTOR	Ap. Cost	1201 DD N.	Marke	t St. SF	P27	BY RECISTRAR 25b	REGISTRAR'S SIGN	MANA
			-			A			

1201...N. Market St. 7 Frederick, Md. 21701

DHMH - 16 60M 7/84 (VRA 15, 4)

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Louis Andre Land Entre Lande E LANGE LE LICE Language and The real Top Lebels LE Eadeby (S. 19-49-12)

O FEET PLOT TO THE

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

MURIEL H. BARBER

(SPECIFY)

BURIAL

24 FUNERAL DIRECTOR

LAYTONSVILLE, MD. 20879

SEALS FARM

22.1987

CITY OR TOWN

ETCHTSON

BY REGISTRAR 256 REGISTRAR'S SIGNATURE dia Divideon Pandale

COUNTY

MONT

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 how, within death, the 4 may be refounded by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campacity filled in the fallent later to page 3 should be detached for use as the busiol-transit permit. Then please remove carbon popers. Pages and 2 build build in the Thurs after death with the State Dept of Health and Mental Hygene prior to build, cremation, or removal.	IMPORTANT: If them 21 is marked or them 18 from any injury, or other troumotic event, the medical
	TO MO	should with the	IMPOR

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5 1 9 3 SEP	18	FOR STATE			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY® ICATE OF DEATH	ine 7 2 6	5 5 1	4
÷ 5	I DE	CEASED NAME K	ennet	C-		15	TPLEY	20 DATE OF DEATH MONTH	DAY YEAR	26, HOUR
moy be poge 3 fer death	3. SE	Nenn	and the same	RACE	jene j	I S. DATE C	OF BIRTH(6. AGE IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
ge 4 n	Secret .	ale		White				33	MONTHS DAYS	HOURS MIN
1 34		RTHPLACE (STATE OR FO	REIGN 7	U.S.	MHAT COUNTRY?	MARRIEI WIDOWE	DI NEVER MARRIED	BALTIMORE CITY OR COU Frederick	NTY OF DEATH	MD
109	1	rederick		Frederi	ck Memori	G HOME C ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKII Maintenace		OF BUSINESS OR
	Ma	AL RESIDENCE (IF NURSIN STATE LTYLAND	Was		GIVE RESIDENCE BEFORE 13t. CITY OR TOW Hagersto		YES 🛣 NO 🗌	13e STREET ADDRESS / ZIP C 920 Mulberry A		21740
11	14. F/	Albertus	M	IDD1E	Shipley	7	Dolores	MEDOIE	Bar	nhart
d co		VAS DECEASED EVER IT		ED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS		
be exect		no	(IF TES, OIVE	- OR DATES	219-60-49	990	Dolores E. S	Shipley, Willia		Md.
equires that the death ce in signed by the attending Then please remove carb re burial, cremation, or r injury, or other troumatic	NOI	Conditions, if ony, gove rise to imme couse (a), stofing underlying cause	the lost.	(c)	R AS A CONSEQUE	NCE OF	loper thy.	nal disease or condition	GIVEN IN PART 1	mo
The law retion. It is been if permit. If permit.	CERTIFICATION	19a DATE OF OPERATE	ON	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO NO IN CE	FYES, WERE FINDI ERTIFYING CAUSES YES []	NGS USED S OF DEATH? NO []
g physicia g physicia certificate riol-tronsit frem 18 fr		210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEAT	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18 PART OR PART 2)	
offendir offer this of the bu h and Marked or	MEDICAL	21d INJURY OCCURRE	E []	21e PLACE (OF INJURY EET, FACTORY, OFFICE F	ARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ATTENDITIONS ASSECTOR: A sed for use opt of Heolt sem 21 is mo		22a.1 certify that (1) (sow the decease above, (1) (we) (di	Lolive on	9/1	0/ 105	67, on	, 17	deoth occurred on the date and		
ned by the has ned by the has the has the bright bulker buld be detached the State Dept.	~	224. PHYSICIAN'S NA	ME (TYPE OR	PRINT	ne		ATTENDING .	MEDICAL STAFF DIRECTOR PHYSICIAN	61	2/87
TO HOSPITA retained by TO FUNERAl should be de with the Stat IMPORTANT	23n F	SURIAL CREMATION P	FMOVA)	123h DATE	23, N	AME OF C	EMETEDY OF CREMATORY	723d LOCATION		
BP		SURIAL, CREMATION, R. SPECIFY) CHEMAT:	ion	Sept.1	1,19875mi	thsbu	emetery or crematory arg Crematory	Smithsburg,	Wash.,	Md . STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		vis Funera	1 Home	e, Smit	hsburg, F	d., 2	1783 SEP	1 8 1987 Julia	Devider - Ru	dall

MITTEL Debugal Resource

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Savie Sumeral Lone, Interested, 7d., 21783 SEP 18 1887 11 Johnston

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL AYGIENE

				REG. N	O.		
FIRST	MIDDLE	L.	AST 1			YEAR	26 HOUR
GUERITE	HELEN	SMIT	гн	0,	9 22	1987	X-5
		5. DATE C	OF BIRTH		THDAY} IF U	INDER TYEAR	IF BNDER 74 F
WHI	TE	09	23 1921	65		THS DAYS	HOURS M
FOREIGN 76 CITIZ	EN OF WHAT COUNTR	RY? 8	M MENED WARRIED	9 BALTIMORE CITY O		DEATH	
υ	ISA			FREDERIC	:K		
		SING HOME C		120 USUAL OCCUPATI	ON		F BUSINESS
				Professor			tion
			124 INICIDE CITY HAAITC2	112 STREET ADDRESS			
			YES K NO			. 217	01
				ME			
WIDDLE		ZKI	LOUISE	MIDDLE			
		ECURITY NO.	17 INFORMANT	ADDRE	SS		MI
WWII		2-8414	Frank O. Sm	ith 13 W.	14th St	. Fr	
TM Enter entrance				2011	11011 00		
VAS CAUSED BY.	7.		c / 12 m	-5 6		Sec. Property	2.100
e last.	(b) ETO, OR AS A CONSEC		NOT DELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN	3NI DART 1 co	
mediate ng the e last. DUI	ETO, OR AS A CONSECUTED TO SECUTION OF THE SEC	TO DEATH BUT	NOT RELATED TO THE TERM			134	
mediate ng the e last. DUI	E TO, OR AS A CONSEC	TO DEATH BUT		INAL DISEASE OR CON 200 AUTOPSY? YES \(\text{NO} \(\text{NO} \)	DITION GIVEN 20b. IF YES, W IN CERTIFYIN YES	ERE FINDIN	IGS USED
	ETO, OR AS A CONSECUTED TO SECUTION OF THE SEC	TO DEATH BUT		200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [ERE FINDIN	IGS USED OF DEATH?
imediate not	E TO, OR AS A CONSECUTED TO THE CONTRIBUTION OF WHILE TIME OF INJURY	TO DEATH BUT	n was performed	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [ERE FINDIN	IGS USED OF DEATH?
IMEDIATE AND CONDITION 196 ADDRESS OF DEATH HC IMEDIATE AND ADDRESS OF D	E TO, OR AS A CONSECUTION OF CONTRIBUTING TO CONDITION FOR WHITE TIME OF INJURY DUR A.M. MONTH P.M. PLACE OF INJURY	ICH OPERATION DAY YEAR 19	n was performed	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN YES [ERE FINDIN	IGS USED OF DEATH?
IMEDIATE AND CONDITION 196 ADDRESS OF DEATH HC IMEDIATE AND ADDRESS OF D	E TO, OR AS A CONSECUTIVE TO THE CONDITION FOR WHITE TIME OF INJURY DUR A.M. MONTH P.M.	ICH OPERATION DAY YEAR 19	N WAS PERFORMED 21c. HOW INJURY OCCURI	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUI	20b. IF YES, WIN CERTIFYIN YES [ERE FINDING CAUSES	IGS USED OF DEATH? NO [
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IMEDIALE EXAMINER) REPORT (ATION 196 ADERLYING 1	ETO, OR AS A CONSECTION, OF AMELIAN OF THE OF INJURY DUR A.M. MONTH P.M. PLACE OF INJURY HOME STREET, FACTORY, OFFIRE	DAY YEAR 19 CE, FARM, ETC) m	216 LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUI	20b. IF YES, WIN CERTIFYIN YES [(ERE FINDING CAUSES	IGS USED OF DEATH? NO STATE
Imediate not the part of the p	ETO, OR AS A CONSECTION, OF AMELIAN OF THE OF INJURY DUR A.M. MONTH P.M. PLACE OF INJURY HOME STREET, FACTORY, OFFIRE	DAY YEAR 19 CE, FARM, ETC) m	216. HOW INJURY OCCUR! 216. LOCATION STREET 3 19 00 that in (my) (our) opinion. DEGREE ATTENDING	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUIT CITY OR TO deoth occurred on the de	70b. IF YES, WIN CERTIFYIN YES [RY IN ITEM IS PART WN tote ond hour on	COUNTY	IGS USED OF DEATH? NO STATE
Imediate not the part of the p	CONDITION FOR WHI TIME OF INJURY DUR A.M. MONTH P.M. PLACE OF INJURY HOME STREET, FACTORY, OFFICE Debody after death	DAY YEAR 19 CE, FARM, ETC)	216. HOW INJURY OCCUR! 216. LOCATION STREET 3 19 00 that in (my) (our) opinion. DEGREE ATTENDING	200 AUTOPSY? YES NO A RED (ENTER NATURE OF INJUI CITY OR TO	70b. IF YES, WIN CERTIFYIN YES [RY IN ITEM IS PART WN tote ond hour on	COUNTY	IGS USED OF DEATH? NO STATE
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IMEDIALE EXAMINER) ATION 196 ADERLYING 196 AND 1	CONDITION FOR WHI TIME OF INJURY DUR A.M. MONTH P.M. PLACE OF INJURY HOME STREET, FACTORY, OFFICE The body offer death ATE 23	DAY YEAR 19 CE, FARM, ETC.) m J One One One One One One One	216. HOW INJURY OCCURION 216 LOCATION STREET 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET 218 LOCATION STREET 219 LOCATION STREET 210 ADDRESS 220 ADDRESS 221 ADDRESS 222 ADDRESS 223 ADDRESS 224 ADDRESS 225 ADDRESS 226 ADDRESS 227 ADDRESS	ZOO AUTOPSY? YES NO RED CHYORTO CHYORTO A TO MEDICAL DIRECTOR PHYSIC 23d LOCATION CHYORTOWN	20b. IF YES, WIN CERTIFYIN YES [RY IN ITEM IS PART WIN 22 19: ofe and hour on FIAN Q. Fau	COUNTY	STATE ST
IMEDIALE EXAMINER) ATION 196 ADERLYING 196 AND 1	CONDITION FOR WHI TIME OF INJURY OUR A.M. MONTH P.M. PLACE OF INJURY HOME STREET, FACTORY, OFFICE The body ofter death	DAY YEAR 19 CE, FARM, ETC.) m J One One One One One One One	216. HOW INJURY OCCURION 216 LOCATION STREET 216 LOCATION STREET 217 LOCATION STREET 218 ATTENDING PHYSICIAN 222 ADDRESS EMETERY OR CREMATORY en Mem. Garden	ZOO AUTOPSY? YES NO RED CHYORTO CHYORTO A TO MEDICAL DIRECTOR PHYSIC 23d LOCATION CHYORTOWN	20b. IF YES, WIN CERTIFYIN YES [RY IN ITEM IB PART WIN Tote and hour on FF. IAN C. Free C. K. Free	COUNTY COUNTY	STATE ST
	GUERITE 4 RACE WHI FOREIGN 76 CITI2 ATH 111. NA ISING HOME OR OTHER INS 138 COUNTY FREDERIC MIDDLE R IN U.S. ARMED FO WWII TH Enter only one co WAS CAUSED BY. IMMEDIATE CAUS DUI	GUERITE HELEN 4 RACE WHITE FOREIGN 16 CITIZEN OF WHAT COUNTY USA ATH 11. NAME OF HOSPITAL, NUE (IF NOT IN SUCH FACILITY, GIVE ST 13 W. 14th St RING HOME OR OTHER INSTITUTION GIVE RESIDENCE BE 13th COUNTY 13th COUNTY FREDERICK FREDER KOSCHIT RIN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) WWII 478-3 TH IETHER ONLY ONE CAUSE (a) DUE TO, OR AS A CONSE	GUERITE HELEN SMIT 4 RACE WHITE 09 76 CITIZEN OF WHAT COUNTRY? 8 MARRIE WIDOWE ATH 11. NAME OF HOSPITAL, NURSING HOME OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 13 W. 14th St., RSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY FREDERICK MIDDLE KOSCHITZKI RIN U.S. ARMED FORCES? (IF VES. GIVE WAR OR DATES) WWII THE LETTER ONLY ONE CAUSE PER PROPER OF TOWN 478-32-8414 THE LETTER ONLY ONE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	GUERITE HELEN SMITH 4 RACE WHITE WHITE 15 DATE OF BIRTH MONTH WHITE 16 OP9 23 1921 AARRIED WARRIED WARRI	GUERITE HELEN SMITH QUERITE HELEN SMITH 4 RACE WHITE 09 23 1921 65 WHITE WHAT COUNTRY? WIDOWED USA WIDOWED II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) I3W. 14th St., Professor RINGHOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) I3d. (ITY OR TOWN FREDERICK FREDERICK KOSCHITZKI KOSCHITZKI LAST KOSCHITZKI LOUISE RIN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) WWII WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	GUERITE HELEN SMITH Q9 22 4 RACE WHITE O9 23 1921 65 YRS FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NOWED DOWNORCED FREDERICK WIDOWED DOWNORCED FREDERICK ATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 13 W. 14th St., Professor RINGHOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY FREDERICK FREDERICK SINGHOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. INSIDE CITY LIMITS? YES K NO 13 W. 14th Street MIDDLE KOSCHITZKI LOUISE RIN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) WWII 478-32-8414 Frank O. Smith 13 W. 14th St TH IEnter only one cause per line for Ia), (b), and Ic WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	GUERITE HELEN SMITH 4 RACE 5. DATE OF BIRTH MONTH DAY YEAR WHITE 7. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED TREDERICK ATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS) 13 W. 14th St., SING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136. CITY OR TOWN FREDERICK SING HOME OR OTHER INSTITUTION SING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 137. CITY OR TOWN FREDERICK SIN U.S. ARMED FORCES? IF YES SIN OLD SING HOME OR DATES WIDDLE KOSCHITZKI LOUISE RIN U.S. ARMED FORCES? IF YES SIN OLD SING HOME OR DATES WILL SUJUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Educa 138. STREET ADDRESS / ZIP CODE 13 W. 14th Street, 217 IS. MOTHER'S MAIDEN NAME FIRST LOUISE HABE RIN U.S. ARMED FORCES? IF YES SIN OLD SINCH FACILITY NO. IT INFORMANT ADDRESS WILL SUJUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Educa STREET ADDRESS / ZIP CODE 13 W. 14th Street, 217 IS. MOTHER'S MAIDEN NAME FIRST LOUISE HABE HABE THE LETTE ONLY ONE COUNTY OF ICAL SECURITY NO. IT INFORMANT ADDRESS WWILL AST LOUISE HABE THE LETTE ONLY ONE COUNTY OF ICAL SECURITY NO. DUE TO, OR AS A CONSEQUENCE OF

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove corbangape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

DEPART

STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		CEASED NAME	FIRST	٨	AIDDLE	t.	AST	20. DATE OF DEATH	MONTH I	DAY YEAR	25 HOUR
	(TYPE	OR PRINT)	AYNE	LER	OY	SMITH		September	27,	1987	7:15 PM
Н	3 SE)	(4	RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
	M	lale		Cauca	sian	Aug.	24, 1903 ^{AR}	84	YRS.	MONTHS DAYS	HOURS MIN.
-	7a. BII	RTHPLACE (STATE OR	FOREIGN 7	. CITIZEN OF	WHAT COUNTRY	Y? 8.		9. BALTIMORE CITY O	R COUNTY	OF DEATH	
5		aryland		U.S.A		WIDOWE		Frederick			MD.
1		TY OR TOWN OF DE	ATH 1	1. NAME OF H	HOSPITAL, NURS H FACILITY, GIVE STRE	SING HOME C	PR OTHER INSTITUTION	12a. USUAL OCCUPATION OF WORK FOR MOST O			F BUSINESS OR
-		rederick					Hospital	Ret. Sto	k Cle	rk	None
120	13a S	AL RESIDENCE (IF NURSITATE	136 COUNT	erick	13c. CITY OR TO	ORE ADMISSION)	136. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE		1700
7		THER'S NAME	rred	ELICK	THULING	OIIL	YES A NO .		ctin A	venue/2	21/88
)		illiam	Pa	rker	Smith		Alice	Bruce	E	igenbro	ode
		VAS DECEASED EVER		ED FORCES?	16b SOCIAL SEC		17 INFORMANT	ADDRE 16	70 01	d Emmit	sburg Rd.
	17	0			163-07	-3232	Mr. Joseph H	. Scott Emn	itsbu	rg, Md.	. 21727
		CAUSE OF DEAT	H (Enter anly	ane cause per	line far (a), (b),	and (c).)	2			APPROXI BETWEEN C	IMATE INTERVAL ONSET AND DEATH
		PART I. DEATH W	VAS CAUSED		Orrdea	e A	rest			11	uite
				100000	AS A CONSEQ	HENCE OF					
		Canditians, if any	, which	(10		in arter	4 Vesean			104	cois
		gave rise ta imi cause (a), statii		DUE TO OF	AS A CONSEQ	PIENCE OF	1		- 1	0	
		underlying cause	e last	(1)		MACHEL MY					
	NO	PART 2 OTHER SIGN	NIFICANT CO	ONDITIONS CO	INTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVI	EN IN PART 110	a.
0	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHIC	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDIN	
K,	12							YES NOT	IN CERTIF	YING CAUSES	OF DEATH?
~	ERI	21a. ACCIDENT WAS UN	DERLYING	216. TIME O	FINJURY		21c. HOW INJURY OCCURR				110 []
P		OR CONTRIBUTING			W. MONTH						
	MEDICAL	(IF EITHER, NOTIFY MEDI 216 INJURY OCCUR		P./		19	211, LOCATION				
	ME	WID NOTW	HILE 🗍		EET, FACTORY, OFFICE	E, FARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
		AT WO				0.44	10 10 87	Sell	27	07	
	7	220.1 certify that (1)		attended the	deceased fram	CAI	, 19.01	, to	- 1		that (I) (we) last
		abave, (I) (we)	did) (did nat)	view the bady			d that in (my) (o or) apinian d	earn accurred an the ac	ite and haut		
		22b. SIGNATURE	one	0			DEGREE	AAEDICA1 STAE	c	22c. DATE	
	. 3	Demu	un Vil	Curia	7	N		MEDICAL STAF	IAN	9-27	7-1987
1		22d. PHYSICIAN'S N.			0		22e ADDRESS				
		ernard 0.						ket Street	Frede	rick, M	1d. 21701
		URIAL, CREMATION,	REMOVAL	236 DATE	and the second second		EMETERY OR CREMATORY	236. LOCATION	170	COUNTY	STATE
	В	urial	1	9-30-1	987	Blue Ri	dge Cemetery	Thurmont	, Fre	derick,	, Maryland

615 East Main Street
Thurmont, Maryland 217

DHMH - 16 60M 7/84

(VRA 15, 4)

R.E.DAILEY & SON, VA

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3 42001-01		A NEW YORK	den en en en		
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funeral director page 3 thy 72 hours ofter death 1 - STATE DEPARTMENT OF HEALTH
REGISTRAR
CERTIFICATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTACHYGIENE
CERTIFICATE OF DEATH

26511

DECEASED NAME FIRST				REG. NO.	
(TYPE OR PRINT)	albert	<	Summers	20 DATE OF DEATH MONTH	7-87 8:
3 SEX Male	4 RACE White	Jan.	H DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 67	IF UNDER I YEAR IF UNDI
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76 CITIZEN OF WHAT COUNTRY U.S.A.	7? 8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Frederick C	
IO CITY OR TOWN OF DEATH Frederick	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE Frederick Mem	orial		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK farmer	ing Life) 126 KIND OF BUSING LIFE) INDUSTRY Farming
USUAL RESIDENCE IN NURSING HOME			13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS / ZIP (7626 Marker	
Jöhn	W. Summers		Nelite	MIDDLE	Kinna
160 WAS DECEASED EVER IN U.S. A	WE WARD TO TEST TO THE TOTAL TEST TO THE T		Eleanor Summ	ers Middle	etown, Md.
Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF THE TOTAL OF			- UI	
	T CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	N GIVEN IN PART 10
	T CONDITIONS CONTRIBUTING TO	ih	ight	200 AUTOPSY? 20b.	N GIVEN IN PART 1:0 IF YES, WERE FINDINGS US CERTIFYING CAUSES OF DEA YES \(\square\) NO
¿ diabeter	196 CONDITION FOR WHICE 216 TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	N WAS PERFORMED	20g AUTOPSY? 20b. IN C	IF YES, WERE FINDINGS US CERTIFYING CAUSES OF DEA YES \(\text{ NO} \)
The Date of Operation 19a Date of Operation 21a. Accident was underlying or contributing cause of the contribution or contri	196 CONDITION FOR WHICH 216 TIME OF INJURY HOUR A.M. MONTH P.M. 216 PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	DAY YEAR 19 E. FARM ETC)	211 LOCATION STREET 211 LOCATION STREET DEGREE ATTENDING	200 AUTOPSY? 20b. IN C YES NO SED (ENTER NATURE OF INJURY IN ITE	HEYES, WERE FINDINGS US CERTIFYING CAUSES OF DEA YES NO EM 18 PART 1 OR PART 2) COUNTY COUNTY 19 that 1) Id hour and from the causes s
TO THE STATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHE ETHER MOHEY MEDICAL EXAMINATION 210. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (I) (Machon boove, (I) (Was) (did) (did) 22b. SIGNATURE	21b TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	DAY YEAR 19 E. FARM ETC)	211 LOCATION STREET 211 LOCATION STREET ATTENDING PHYSICIAN 22e ADDRESS LANS Acan	200 AUTOPSY? YES NO NO RED (ENTER NATURE OF INJURY IN ITE CITY OR TOWN death accurred on the date on	COUNTY COUNTY 22c DATE SIGNEL AFYES. WERE FINDINGS US CAUSES OF DEA YES NO N

DHMH - 16 60M 7/84 (VRA 15, 4)

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should be detoched for v with the State Dept. of Ho

TO FUNERAL DIRECTOR, After this certificate has been

Thompson Funeral Home Middletown, Md.

256 DATE REC'D. BY REGISTRAR 25 REGISTRAR'S SIGNAL WEEK

SEP 1 5

Queller of the little state of the transfer of

DHMH - 16 60M 7/84

(VRA 15, 4)

FOR

- STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH

CHYG	IENE 2 0 0	1 0	
	REG. NO		
7	20 DATE OF DEATH MONTH DAY	YEAR	26 HOUR
2	9/15/87		124A M
		INDER I YEAR	IF UNDER 24 HRS
R	57 YRS. MON	THS DATS	HOURS MIN.
	9 BALTIMORE CITY OR COUNTY OF	DEATH	
	Frederick Count	ty	MD.
Ň			BUSINESS OR
	Superintendent	Carpe	ntry
ITS?	13 STREET ADDRESS / ZIP CODE 18 Franklin Street	et, 21	701
EN NA!		pigler	
M	irs. Ruth Summers		
	St., Frederick, Mc	i. 217	01
1	/ /	APPROXI	MATE INTERVAL
h	2 milmonary ide	N/	
LAN	t dream with		
7 11 1	Ama		
Ily	0160		
ETERM	IN AL DISEASE OR CONDITION GIVEN	IN PART 110	
	20a AUTOPSY? 20b. IF YES, W	EDE EINIDIN	ICS LISED
	INCERTIFYIN		OF DEATH?
CCUR	YES YES YES (ио 🗌
CCURP	CO LENTER MATURE OF INJURY IN HEW IS PART	I OR PART 2)	
	CITY OR TOWN	COUNTY	STATE
c n	- 175	97	
X.f	death accurred an the date and haur ar		that (we) last
pinion	beath accurred on the date and hour of		
ING _	MEDICAL STAFF	22c DATE	
IAN		Sept.	15, 198
Ave	e., Frederick, Md.	2170	
TORY	23d LOCATION	QUNTY	NATE
у	Middletown, Fre		
	E REC'D. BY REGISTRAR 250 REGISTRA	R'S SIGNAT	URE
SEF	1 8 1987 Julia De	er death . K	and all to

SEP DES ASED NAME "Roy MIDDLE Ellsworth B04 ummER 4. RACE 5. DATE OF BIRTH 3. SEX MONTH CAUS MALE Nov. 1929 TO CITIZEN OF WHAT COUNTRY? PO. BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED U.S.A. Maryland DIVORCED WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Frederick Memorial Hospital Frederick 13a STATE COUNTY Frederick 134 INSIDE CITY LIMITS Maryland YES P NO I 15 MOTHER'S MAIDEN 14 FATHER'S NAME MIDDLE LAST Erma poo Albert Summers 166 SOCIAL SECURITY NO 17 INFORMANT medicol 160 WAS DECEASED EVER IN U.S. ARMED FORCES Poges 1946-1947 212-24-6504 Yes 18 Frankli 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CERTIFICATION FUNERAL DIRECTOR. After this certificate has been wid be detached for use as the burial-transit permit in the State Dept of Health and Mental Hygiene prime. 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 21c HOW INJURY OC 216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH or Hem MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET FACTORY, OFFICE, FARM, ETC) NOT WHILE 220 I certify that (1) Ithis haspital) attended the deceased from and that in (my (aur) apre saw the deceased alive on above (() (we) (did) (did not) view the bady after death If Item 226. SIGNATURE DEGREE ATTENDIN PHYSICIA IMPORTANT: 22e ADDRESS 335 Park 0 23c NAME OF CEMETERY OR CREMATO 23a BURIAL, CREMATION, REMOVAL Lutheran Cemetery BP. 24 FUNERAL DIRECTORSmith, Keeney & Basford Funeral Home 256.

106 East Church St., Frederick, Md. 21701

066670 SEP 2487 - 1898 FRIEND AND THE STREET Production tennel and antique allowers advanted do to hearth THE DESIGNATION OF THE PARTY AND THE A dringwal delegated textures are by find . em-Man and the second of the seco

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTADHYGENE CERTIFICATE OF DEATH

26519 REG. NO.

		DECEASED NAME FIRST MIDDLE LAST TYPE OR PRINT! LACEY LLEE TESTERMAN					20. DATE OF DEATH MONTH DAY YEAR 20 HOUR 09/21/87/- \$7 11254M				
	3 SEX	FEMALE	4 RACE WHI/TE	5. 1	5. DATE OF BIRTH ***********************************		6 AGE (IN YEARS LAST BIRT	TF UNDE		IF UNDER 24 HRS HOURS MIN	
2	CO	IRTHPLACE (STATE OR FOREIGN	U.S.A	76. CITIZEN OF WHAT COUNTRY? 8 MA		ED DIVORCED DIVORCED	9 BALTIMORE CITY OR COUNTY OF C FREDERICK		MD.		
7-	FREDERICK		FREDER	11. NAME OF HOSPITAL, NURSING HOME OF REDERICK MEMORIAL, H			HOUSEWIFE	ON OF WORKING LIFE) 126	KIND OF DUSTRY DWN H	F BUSINESS OR	
5	'MĎ		EDERICK	FREDERICK			221 S. JE	FFERSON S	ST.	21701	
		HENRY M. DAMEWOOD 1AST JOSEPHINE BLACKWELL							LAST		
NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 166 SOCIAL SECURITY N 217-28-746.						HAZEL L. RAY	ADDRE	1 IST7 COL	WN	DR.	
		18 CAUSE OF DEATH Enter only one couse per the for (0), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) One bluf Falls June 2									
		Canditions, if any, which gave rise to immediate couse (a), staling the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF Bleeding 5 DUE TO, OR AS A									
	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119									
2	RTIFIC	190 DATE OF OPERATION		OITION FOR WHICH OPE	RATION		200 AUTOPSY? YES NO	20b. IF YES, WERE IN CERTIFYING C YES	CAUSES	OF DEATH?	
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET CITY OR TOWN									R PART 2)	STATE	
		771 Certify that III this happy sow the description obove, (I we did idid no 22b. SIGNATURE	20 /	LA CH James	-	nd that is (my) our) apinion de		27	nom the c	hat (I (we last causes stated	
/		ROBERT L.		N	_		DIRECTOR PHYSIC		MD	//8/	
	23a. Bl	BURIAL, CREMATION, REMOVAL	L 23b. DATE	23c. NAM	PE (CREEK CEMETERY	23d LOCATION	EW WINDSO		CARROLL N	1
4	24 FU	UNERAL DIRECTOR D. HARTZLE	ER	*UNTON	BRJ	IDGE, MD 250 DAJE	P 24 1987	25b. REGISTRAR'S	SIGNATU	. Randaes	A

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HOGIENE CERTIFICATE OF DEATH

065125 SEA	10	FOR STATE STRAR		DEPARTN	NENT OF H	ICATE OF D	MENTAL NOG	SIENE	REG. NO.			
Part and	1. DE	CEASED NAME FIRST		MIDDLE		AST		20 DATE OF	DEATH MO	NIH D	AY YEAR	2b HOUR
1 75		("HARLOT	TE	8-	7/	tortor		1		7 - 1	11 - 87	10 AM
1 10	1 5E		4 RACE		5. DATE O			6 AGE INY	EARS LAST BIRTHD.	AY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
4 55	WE	MALE	WHITE		04	12	1900	87		M	ONTHS DATS	HOURS MIN.
A 11 00	-	HTHPLACE STATE OF FOREIGN		WHAT COUNTRY?	8.				RE CITY OR C	YRS.	DEDEATH	
4 12 10 1	8.63	COUNTRY				D NEVER A					OI DERIII	
	MI.	ITY OR TOWN OF DEATH	USA 11 NAME OF	HOSPITAL, NURSIN	WIDOW		VORCED [EDERICK		TIN KIND O	MD. OF BUSINESS OR
4/ 11 (4/)			(IF NOT IN SU	ICH FACILITY, GIVE STREET	ADDRESS)		IIIOIIOII		K FOR MOST OF W			F BUSINESS OR
100		REDERICK AL RESIDENCE (IF NURSING HOME OF		OOD NURSIN		NTER		HOME	MAKER		1	
MA THE STATE OF TH		TATE TIS COU		13c. CITY OR TOWN		13d INSIDE C	ITY LIMITS?		Leesbu		ike, 2	2070
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ON 1 11 1/3	mail/		E WAR OR DATES)	100-20-2	202	Domot	hy McF	021020			sburg	
	N			1198-28-3		1_00101	ny Mer	arrane	11/00) Lee		
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15 1 000		IMMEDIA	TE CAUSE (a)	UREMIA							-	
8 4 7831	- 10		DUE TO, C	OR AS A CONSEQUE							100	
A Second		Canditians, if any, which	(b)_	DENYD	RATIO	, J						
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8 34 112 14	PRODUCT.	OR CONTRIBUTING CAUSE OF DE										
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Olvisk Other Octher School	ME	NOT WHILE AT WORK		TREET, FACTORY, OFFICE, FA	ARM ETC)	STREET			CITY OR TOWN		COUNTY	STATE
N S S S S S S S S S S S S S S S S S S S	-	22a. I certify that (I) (this hosp			MM		, 19 82	, ta	4 - 1	, ,		that (I) (#E) last
F # 515 2		saw the deceased alive an abave, (I) (we) (did) (did no	it: view the bad	y after death	7 . 01	nd that in (my)	(aur) apinion	death occurre	d an the date	and haur	and fram the	causes stated
" 五 東 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五		226 SIGNATURE	1	A		DEGREE					22c DATE	SIGNED
3		(same	. 6	1 1	M.D	A	TTENDING PHYSICIAN	MEDICAL	STAFF			
7 7 7 7 7		22d, PHYSICIAN'S NAM (TYPE O	OR PRINT)			22e ADDRES		DIRECTOR	Z) TITISICIAI	10		
Post the A		GEORGE I. SMI	TH, JR.			804 7	Tollhou	se Ave	., Free	derio	k, MD	21701
21 2413	23a E	BURIAL, CREMATION, REMOVAL	23b DATE	23(N	AME OF C	EMETERY OR C	REMATORY	23d LOCA	TION			
GAGBP199	100	SPECIFY) URIAL	9/4/8			irg Mem		TW Emm	ortown	g Fi	rederic	k MD
47/11				STAUFFER	LEGD	116 II	250. DAT			0		
V DHMH - 16 60M 7/B4 (VRA 15, 4)		NAME G. DO			MD	21701	S	LP9	1987	ulea d	(cuders -	Conducto
(VKA 15, 4)		621 Opossumtown	rike,	rrederick	, MD	21/01			0			10.00

STATE OF MARYLAND

23c NAME OF CEMETERY OR CREMATORY

Central Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTORSmith, Keeney & Basford Funeral Home 250 DATE REC'D BY REGISTRAR 250. 106 Bast Church St. Frederick. 21701 SEP 25 1987

9-25-1987

23a BURIAL, CREMATION, REMOVAL

(SPECIFY Burial

New Market, Frederick, Md. dia Taridoon Rondon

200

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL

STATE

22c DATE SIGNED

Foreman

IF UNDER 24 HRS

IF UNDER 1 YEAR

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEBIENE

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		CEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF DE	HINOM HTA	DAY YEA	26 HC	OUR
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	3. SEX		/	4. RACE	1	S. DATE (OF BIRTH		6. AGE (IN YEAR	S LAST BIRTHDAY}	IF UNDER 1 Y		ER 24 HRS
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-	MI	TY OR TOWN OF DEA	TH		HOSPITAL, NURSI	WIDOWE NG HOME (VORCED	12a USUAL OC		12h KIN	D OF BUSE	MD.
4	FF	REDERICK		FREDER	CH FACILITY, GIVE STREET	TADDRESS) RIAL H				R MOST OF WORKIN	GLIFE) INDUST	RY	TATION
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2	MI			ERICK	FREDERI		YES X	NO 🗌		ter Str		1701	
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	CF	ROVER		ELAND	TROUT	r	PERI	FIRST	E.	AIDDLE	py	YLE	
,	16a W	AS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SEC		17 INFORMA			ADDRESS			_
		ES, NO OR UNKNOWN)	N/A	WAR OR DATES)	217-10-0	1061	Violet	M. Tro	304	Center	Sr. 1	Trede	rick.M
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		PART I. DEATH W	AS CAUSE	ly one couse per DBY:	/ 1 .		11	Paneres			BETW	-	
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)	CERTIFICATION	190 DATE OF OPERAT	TION	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFO	DRMED	20a AUTOPS		YES, WERE FIN RTIFYING CAU YES		ATH?
		21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA	TH HOUR A.	DE INJURY .M. MONTH [DAY YEAR	21c. HOW IN	JURY OCCURR	ED (ENTERNATUR	E OF INJURY IN ITEM	TB PART : OR PART	2)	
	MEDICAL	214 INJURY OCCURE	ILE 🗆		OF INJURY REET, FACTORY, OFFICE.	FARM ETC	211 LOCATE STREET		C	ITY OR TOWN	COUNTY		STATE
		22a.1 certify that (1) saw the decease above, (1) (year)		01 1 60		1	nd that in (my)	our) opinion o	, todeoth occurred d	on the date and	hour and from	_, that the couses	(we) lost
		22b SIGNATURE	and and no	11	arfan deoth.		EGREE MD	ATTENDING PHYSICIAN	MEDICAL DIRECTOR []	STAFF PHYSICIAN	22c. D	ATE SIGNE	87
		ROBERT L			1		22. ADDRES 804		use Ave	., Fred	erick,	MD	
		JURIAL, CREMATION,	REMOVAL	23b. DATE	23τ.	NAME OF C	CEMETERY OR	CREMATORY	23d LOCATH				
		SPECIFY) URIAL		9/12/	87 U	nion (Chapel	Cemeter	y Liber	cytown	Freder	ick	MD'E
		INERAL DIRECTOR	G. DO				F		DREAD ON REA				

DHMH - 16 60M 7/B4

TO HOSPITAL OR

BP.

1621 Opossumtown Pike, Frederick, MD 21701 (VRA 15, 4)

256 REGISTRADES SIGNATURE

Julia Dendon Kandala

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL WEGIENÉ CERTIFICATE OF DEATH

26523

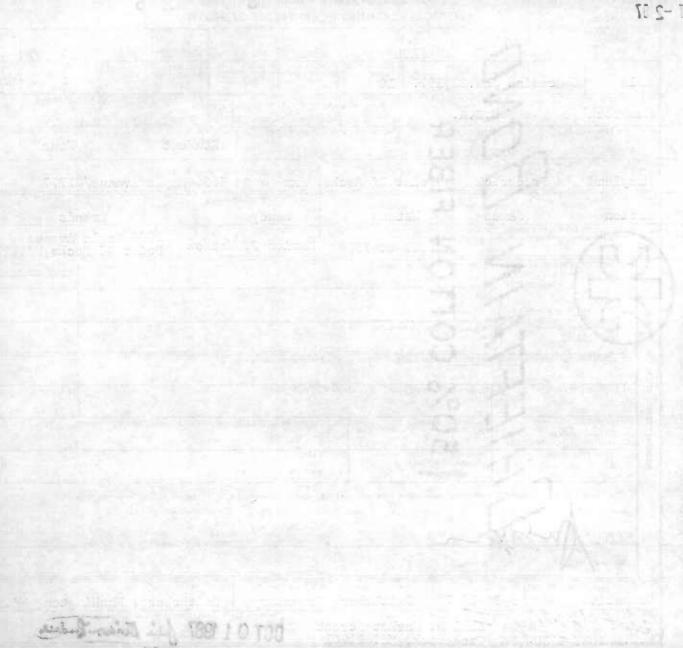
ASED NAME RPRINT) RICHA	FIRST			CERTIN	ICATE OF DEATH	REG. N	0.		
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HPLACE (STATE OR FO	OREIGN 71	CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
		USA		WIDOWE	D DIVORCED	FREDERIC			
OR TOWN OF DEA	TH 1	(IF NOT IN SUC	H FACILITY, GIVE STREET A	ADDRESS)	R OTHER INSTITUTION		F WORKING L	LIFE) INDUSTRY	OF BUSINES
	136 COUNT	Υ	13c CITY OR TOWN	4	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS . 211 CENTER	ZIP COD	EET, 217	701
HER'S NAME	MI	DDIE	LAST					- 1.4	ST
NRY				D	ALETHIA			HAWK:	INS
			166 SOCIAL SECUI	RITY NO	17 INFORMANT	ADDRE	SFred	derick,	MD
On Oracleo Willy	N/A	ON DAIES!	231-01-0	075	Alice Watfo	rd 211 Cen	iter S	Street,	
			line for (o), (b), one		11 10			BETWEEN	ONSET AND D
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In. ACCIDENT WAS UND DR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC IN JURY OCCURR WHILE NOT WHAT WORK 20.1 certify that (1) Sow the decease above, (1) (work) 2b. SIGNATURE	AUSE OF DEATH ALEXAMINER) RED RED (thus hospital dive on modified not)	21b. TIME O HOUR A. P. 21e PLACE (At HOME STR)) ottended th	FINJURY M. MONTH DA M. OF INJURY eet, Factory, Office, F/	Y YEAR 19 ARM EIC) April 7 on	211. LOCATION STREET 19 PS de that in (my) (aur) apinion of the company opinion opin	YES NO RED (ENTER NATURE OF INJU	IN CERTINATE AND THE A	IFÝING CAUSES (ES PART 1 OR PART 2) COUNTY J9	NGS USED S OF DEATH NO STA
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	EDERICK RESIDENCE (IF NURS. ATE HER'S NAME FIRST NRY S DECEASED EVER NO OR UNKNOWN) B CAUSE OF DEATH PART I. DEATH W Conditions, if ony, gove rise to imm couse to, statin underlying couse	EDERICK RESIDENCE (IF NURSING HOME OR O ATE	EDERICK CITIZE RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION ATE ITS COUNTY FREDERICK HER'S NAME FIRST NRY ALEXANDER S DECEASED EVER IN U.S. ARMED FORCES? NOOR UNKNOWN) IF YES GIVE WAR OR DATES) N/A CONDITION B CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OI Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. (c)	EDERICK CITIZENS NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE ATE ISTOCIONATY FREDERICK MIDDLE NRY ALEXANDER MIDDLE NRY ALEXANDER WATFOR S. DECEASED EVER IN U.S. ARMED FORCES? IN / A B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), one part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A DON'SEQUE Conditions, if ony, which gove rise to immediate couse [o], stating the underlying couse lost.	RESIDENCE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) CITIZENS NURSING HOM ATE RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ATE 138 COUNTY FREDERICK FREDERICK FREDERICK FREDERICK FREDERICK LAST WATFORD S. DECEASED EVER IN U.S. ARMED FORCES? NO OR UNKNOWN) IN A B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse [a], stating the underlying couse lost. (c)	RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ATE RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ATE IS COUNTY FREDERICK	EDERICK CITIZENS NURSING HOME RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) ATE TIGSTON TO BE THE INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) TREDERICK FREDERICK FREDERICK TO REPORT TO BE TO	EDERICK CITIZENS NURSING HOME RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION) ATE 13b COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 12e STREET ADDRESS / ZIP COTE 15 MOTHER'S MAIDEN NAME 15 MOTHER'S MAIDEN NAME 15 MOTHER'S MAIDEN NAME 16 MOTHER STRIED 16 MOTHER'S MAIDEN NAME 16 MOTHER'S MAIDEN NAME 16 MOTHER'S MAIDEN NAME 17 INFORMANT 18 MOTHER'S MAIDEN NAME 18 MOT	EDERICK CITIZENS NURSING HOME RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) ATE ITALIAN FREDERICK FREDERICK FREDERICK FREDERICK FREDERICK FREDERICK ITALIAN FREDERICK FREDERICK FREDERICK FREDERICK FREDERICK FREDERICK FREDERICK FREDERICK ITALIAN ITALIAN

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101	465 OCT -	7 10	STATE REGISTRAR		ME	DICALI	EXAMIN	ER'S C	ERTIFICATE	OF DEA	TH T	REG NO.	1	
			CEASED NAME	FIRST		MIDDLE			LAST		20 DATE KNO	OWN X MONT	H DAY YEAR	26 HOUR
	ASE OR. OR.			SEAN		PAU			TATSON		DEATH MA	TED 1 9	2, 0,	
	STREET	3. SE)		RACE	5 DATE OF BIRTH	YEAR	& AGE (IN YE.	ARS IF UNI		DER 24 HRS.	PRONOUNCE	MÖNTH D	H DAY YEAR	2d HOUR
	SARY AL DIS STON		RTHPLACE (STA		n Jan.22,		10 YI				DEAD	. 9	27 1987	12:30
	NATH TORK	Ne	W York		U.S.A.	IAT COUR	IIK1;	MARRIE WIDOWI	ED NEVER MA	RRIED X		rick Cou		AAD
50	SEBERES SE	10. C	TY OR TOWN C	OF DEATH	II. NAME OF HOS	PITAL, NUI	RSING HOME	, OR OTHE	RINSTITUTION		IAL OCCUPAT	ON (TYPE OF WORL	K 126 KIND OF B	USINESS
(1)	A P P P P P P P P P P P P P P P P P P P		ederick		Frederick	k Mem	orial	Hospi	tal	St	udent	(IFE)	None	
	D. 21201 IF ANY DELAY IS NECESSARY, PLEASE 2, AND 3 TO THE FUNERAL DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILES. 1.5HOULD BEFILED, WITHIN 72 HOURS AR RECORDS, SON WRESTON STREET,	13a. S	tate ryland	136 COUN	or other institution, gr ITY lerick	13c CITY Poin	OR TOWN	locks	13d. INSIDE CITY LIMITS YESXXX NO	13e STRE	6 Mapl	e Avenue	e/21777	
	MD 3.2.	14. F/	THER'S NAME		MIDDLE		LAST		IS. MOTHER'S MA	IDEN NAME	MIDDLI		LAST	
	EER DEATH PAGES 1, ORM PM S 1 AND 2		rion		James	Wa	tson		Nancy			Aı	rends	
	AFTER VE PA FOR SION	NC	ES. NO. OR UNKNOW	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	1000	-60-73		Marion J	. Wats	son 3	696 Mapl	Le Avenue Rocks,Mo	2177
	ST., BA OURS / I.18. GI S. WITH MIT. PA IE, DIVI		18 CAUSE OF	DEATH (Enter on	nly ane cause per line	lar (a), (b)	, and (c).)						APPROXIMA BETWEEN ONS	TE INTERVAL
	ON STATE ON STATE ON STATE OF	17	95		TE CAUSE (a)		trocut							
	PRESTON ITHIN 24 H SIL IN ITEM JER ALON ANSIT PER AL HYGIEN REMOVAL	ľ		, if any, which		AS A CON	SEQUENCE	Jr.						
	W.P.		cause (a)	to immediate tating the <u>under-</u>		AS A CON	SEQUENCE (OF.						
	ON, ON,	100	lying caus	e last.	(c)		2.00							
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	DIVISION OF VITAL REC. THER. THIS CERTIFICATE SHOULD BY ATE, WRITING THE WORD "PENINGORWARDED TO THE CHIEF MEI ORWARDED TO THE CHIEF MEI ORWARDED TO THE CHIEF MEI STATE DEPARTMENT OF HEAL! TO TO PRIOR TO BURIAL, CR.	CERTIFICATION	198. DATE OF	OPERATION	19b. CONDIT	ION FOR V	WHICH OPER	ATION W	AS PERFORMED?			M	20 AUTOPS	(?
	SHOU ORD CHIEF CHIEF TOF 1	E			17 27 23		9						YES C	NO 🗆
	OF THE WEST OF THE WASTE OF THE		210 EXTERNAL	and the same of th	21b. TIME OF HOUR A.M	. MONTH	DAY YEAR		W INJURY OCCU	RRED (ENTER N	ATURE OF INJURY	NITEM 18 PART 1 OR	PART 2)	
	DIVISION S CERTIFIC RITING TH RDED TO SE 3 SHOU E DEPART	MEDICAL	CONTRIBUTIN	G CAUSE OF	DEATH 11:55		27-19 8	7 Sub	ject rode	e bicy	cle int	o live	wire.	
	S CEI REFERENCE	ME	WHILE	NOT WHILE T	STREET, FACT	ORY, FARM, ET		51	REET	-11	CITY OR TOWN		COUNTY	STATE
	PACE, WANTE		AT WORK	AT WORK		reet	yard		0 blk. B		Point	fRocks	rrederic	K, MD
	A S S S H S		death resulted		ge of the remains des	Accident	[99]	Autaps		tian L.,	Inquiry	, and in my	apinian	
	EXAM CERTIF JID BE DIREC WITH WAR W	1	death resulted	h Natu	ral causes ,	Accident	<u>(4)</u> , Su	cide,	Hamicide L		ermined manne			
	CALES THE CI SHOUL BATH, V		SIGNATURE	May	you	1		M.I	Deputy (Chief	CAL EXAMINE	R DATI	E 9-29	-87
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA FAFER DEATH, WITH THE ST BATTMORE, MARKAND, 2		EXAMINER'S N		M. Dixon,	M.D.		A	DDRESS11	l Penn	St., E	salto.,	MD 2120	1
		10	URIAL, CREMATION	ION, REMOVAL	9-30-1987				CREMATORY	CITY	CATION	co	YINUC	STATE
07 25		TALK.	DARAL OFFI	6V J 37	711				Crematory 750. DA	TE REC'D. BY	REGISTRAR 17	rg, Wash	nington,	Md.
	DHMH - 17 (VR A15 ME (5))	12	E DATE	Railes	120155	N. Ma	rket S	treet	nct	0 1 19	07 /	a Devider		
		<u> </u>	E-DALLE	Y & SON,	PA Frede	rick,	Md. 2	1/11	001	7 2 10				



STATE OF MARYLAND

1	9	6		
REG. NO.	Gias	0	2	

POR STATE STATE CERTIFICATE OF DEATH OF REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REG. NO.										2.5
		OR PRINT)		PORAN	WE	STOAPH P	20 DATE OF D	09/11/	18787	1048 M
	3. SEX	FEMALE	4 RACE WHITI	₹.	5. DATE C	06/14/196 YEAR	6. AGE (IN YEAR	RS LAST BIRTHDAY)	MONTHS DATS	IF UNDER 24 HRS HOURS MIN.
5		OMARYLAND	76 CITIZEN OF V	VHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED		ERICK	Y OF DEATH	MD.
L		TY OR TOWN OF DEATH FREDERICK				HOSPITAL	SUPER	CUPATION VISOR PROPERTY OF A STATE OF THE ST		ICATION
)	13a M	TATE 13P EST		13c GNYON NOV		130 INSIDE CITY LIMITS?	13. NESOL	POEREEN COA	LLEY RE	21791
1	14 FA	ALEXANDER B.	"CARR	LAST		15 MOTHER'S MAIDEN NAM		E N/A	LAS	st
1	16a W	NO OR UNKNOWN) (IF YES NO	MED FORCES?	577-03		JAMES C. ST	'ROHM	ADDRESS 10801	GREEN	VALLEY RD
	TION	Conditions, if any, which gave rise to immediate cause tol, storing the underlying cause lost. PART 2 OTHER SIGNIFICANT O	DUE TO, OR	radom	DEATH BUT	NOT RELATED TO THE TERM AN CUTYO	nes -	Large		
5	MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 210. INJURY OCCURRED WHILE AT WORK 220. I certify that (I) (this hospi sow the deceased alive an obove, (I) (wa) (did) (did no 22b. SIGNATURE) 22d PHYSICIAN'S NAME (TYPE C	21b. TIME OF HOUR A.A. HOUR A.A. P.A. 21e PLACE C (AT HOME STREE tall) offended the guilt view the bady of the part of the par	EINJURY M. MONTH D A. DE INJURY DE INJURY DE INJURY DE CET. FACTORY. OFFICE. De deceased from Ditter death.	DAY YEAR 19 FARM ETC)	211 LOCATION STREET 212 HOW INJURY OCCURR 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN 222 ADDRESS 27. W. 7.	. 10 9 deoth occurred	IN CERTI YER OF INJURY IN ITEM 18 CITY OR TOWN on the date and had STAFF PHYSICIAN	county 19.82 ur and from the	STATE that (I) (we) last causes stoted
	23a. B	URIAL, CREMATION, REMOVAL SPECIFYI BURIAL	23b. DATE		NAME OF C	EMETERY OF CREMATORY OF HEAVEN CEME	123d LOCATI	ION	* -	ONT. STATE MD
	24 51	DIEDAL DIDECTOR				Tar Bur	r Dr.Cip. av Dr.C	01578 + 8 44 - 85 0 14		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNER DIRECTOR HARTZLER

ALEBERTYTOWN, MD

SEP 16 1987 Julia Dicolory Render

THAT IS TO BE TO A MICHIGAL AND AND AND AND AND ASSESSED.

SANCE A CONTRACTOR OF A SILL OF CHARGE TO A PROCESS OF

SEP 16 1987 Air School Lane

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ector, page 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CHENE

	2 0	3	Ca	0
REG.	NO X	- 14		
OF DEATH	MONTH	DAY	YEAR	26 H

DECEA (TYPE OR	EGISTRAR ASED NAME FIRST			EALTH AND MENTAL HYGICATE OF DEATH		1		
{TYPE OR		MIDDLE	ı	AST	REG. NO	H DAY YEAR 26 HOUR		
3. SEX	PRINT	EDANULU	1 1.366	100 5-	Sept. 24	1 1987 11:00 5		
I. JLA	AUSTIN	FRANKLI	Y WH		6. AGE (IN YEARS LAST BIRTHDAY)	77700		
MA	TTO	WHITE	MONTH 04		77	MONTHS DAYS HOURS ME		
	HPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUN	ITRY? 8		9 BALTIMORE CITY OR CO	VRS. DEATH		
	INTRY)	USA	MARRIE	D X NEVER MARRIED	FREDERICK			
	OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI	WIDOWE URSING HOME O		120 USUAL OCCUPATION	126 KIND OF BUSINESS C		
FR	EDERICK	FREDERICK ME	MORIAL F	HOSPITAL	REPAIRMAN/ME			
USUAL I 130 STA MD	1.00	OTHER INSTITUTION GIVE RESIDENCE NTY DERICK THURM	TOWN	13d INSIDE CITY LIMITS? YES NOXXX	13e STREET ADDRESS / ZIP 6409 MOUNTAI	CODE NDALE RD., 21788		
		MIDDLE LAS		15. MOTHER'S MAIDEN NAM LEAVIE	WIDDLE	RICE		
	S DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRESST	hurmont, MD		
NO	NO OR UNKNOWN) (IF YES GIV	ZE WAR OR DATES) 214-1	4-6659	Mamie V. Whi				
P	gove rise to immediate couse (a), stating the underlying couse last. ART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONS	SEQUENCE OF	NOT RELATED TO THE TERM		ON GIVEN IN PART I 10		
ICATION 161	a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	IN	HEYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?		
RTIFICATION			HICH OPERATIO		YES NO	CERTIFYING CAUSES OF DEATH? YES NO		
CERTIFIC	OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH			IN	CERTIFYING CAUSES OF DEATH? YES NO		
EDICAL	10. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR		YES NO	CERTIFYING CAUSES OF DEATH? YES NO		
WEDICAL OF THE PROPERTY OF THE	10. ACCIDENT WAS UNDERLYING DECONTRIBUTING CAUSE OF DE. (IF EITHER NOTHEY MEDICAL EXAMINE! INDIVINITY OCCURRED WHILE NOT WHILE ALMORK VORK ALMORK 20. I certify that (1) (this hasp)	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, O	H DAY YEAR 19 DEFICE, FARM, ETC.)	21t LOCATION STREET 20 19 80- and that in (my) (our) opinion of DEGREE	YES NO	CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE 19 that (It (we)) and hour and from the couses stated 22c. DATE SIGNED		
WEDICAL OF THE PROPERTY OF THE	10. ACCIDENT WAS UNDERLYING CAUSE OF DE. OF EITHER NOTIFY MEDICAL EXAMINET 10. INJURY OCCURRED WHILE NOT WHILE NORN 20. Certify that (1) (this hosp) Sow the decealed blive or obove. (1) was lated to the	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, O itol) ottended the deceosed f	H DAY YEAR 19 DEFICE, FARM. EIC 1 From 99, on	21t. HOW INJURY OCCURE 21t LOCATION STREET 20 , 19	YES NO TOWN	CERTIFYING CAUSES OF DEATH? YES NO COUNTY COUNTY STATE . 19 ., that (II (we)) and hour and from the causes stated 22c. DATE SIGNED		
WEDICAL OF THE PROPERTY OF THE	Q. ACCIDENT WAS UNDERLYING CRONIRIBUTING CAUSE OF DE. CRESTHER NOTIFY MEDICAL EXAMINES Id. INJURY OCCURRED WHILE NOT WHILE NOT WHILE NOR NOT WHILE NOR NOR Sow the deceded allive on above, it was all of the	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, O sitol) ottended the deceosed f	H DAY YEAR 19 DEFICE, FARM. EIC 1 From 99, on	21t. HOW INJURY OCCURE 21t LOCATION STREET 20 , 19	YES NO	CERTIFYING CAUSES OF DEATH? YES NO COUNTY COUNTY COUNTY STATE . 19 . that (It (we) It in the couses stated to		
23a. BUR 273	10. ACCIDENT WAS UNDERLYING CAUSE OF DE. OF EITHER NOTIFY MEDICAL EXAMINET 10. INJURY OCCURRED WHILE NOT WHILE NORN 20. I certify that (1) (this hosp sow the decealed blive or above. (1) (which is not the second of the secon	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, O aitol) ottended the deceosed of the body ofter death.	H DAY YEAR 19 OFFICE, FARM, ETC.) From 09 19 3 - , or	21t. HOW INJURY OCCURE 21t LOCATION STREET 20 , 19	YES NO	CERTIFYING CAUSES OF DEATH? YES NO COUNTY COUNTY STATE . 19 ., that (It (we)) and hour and from the causes stated 274. DATE SIGNED		

DHMH - 16 60M 7/8

(VRA 15, 4)